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ORIGINAL LECTURES.

THE HIGHER PLANE IN MEDICINE.

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Read before the American Academy of Medicine, at its Annual Meeting, held in New York, October 9, 1883.

IF ever there was a time when the letters M.D. appended to a man's name rightly signified that he was *doctoratus in arte medica*, there can be no doubt, in this day, that want of skill in the *art* is too often supplemented by a profound ignorance of the substantial groundwork on which is reared the superstructure of the *science* of medicine.

Of the more than ninety thousand regularly graduated orthodox medical practitioners in the United States how many there are whose horizon is upon this level! That the proportion of those who never enter the temple at all, but hang upon its purlieus, is alarmingly great, no Fellow of this Academy will contest; the prominent object of its organization being the encouragement of young men to "pursue regular courses of study in classical and scientific institutions before entering upon the study of medicine." The furtherance of this object—by calling attention to that higher plane on which so few stand, but where all should stand—is all I propose in the few minutes I will occupy of your time.

Remedies for defective medical education have not been lacking. The urgency of the need has been set forth by the journals of the profession, and in the State and National Associations. Before, however, attempting to scourge the money-changers out from the temple of the true faith, it may be profitable for us to ask ourselves, "Why are they there?" Possibly we may find that the rank and file are less to blame than the leaders who have not led, the standard-bearers who have trailed their ensigns in the dust, the sentries who have slept on picket-duty. It may be, too, that you and I have left undone the things we ought to have done.

In the popular view, doctors are men (and women) who cure sick people, heal their sores, mend their broken bones. They are graded chiefly by the kind of houses and localities in which they dwell, the style of their equipages, and the size of the fees they are recognized as having a right to demand; but corn doctor and horse doctor, eye doctor and woman doctor, are all made members of the same guild. "Pills" is the sobriquet both of the assistant surgeon and the surgeon of the fleet, as well as of the loblolly-boy and the apothecary on the berth-deck. "Knights of the scalpel," "Galen's Guards," or, with broader alliterative witticism, "Physickers and fee-seekers in council," are terms judged appropriate to designate in the public prints the annual assemblies of the representative body of the profession. The barber and the leech do not, it is true, any longer share titles and functions, but the old woman who mixes a poultice and the gold-spectacled savant who writes a prescription are recognized as having one and the same vocation.

Is the public only to blame for this low estimate of the profession of medicine? Are the tyros who swell its numbers themselves culpable, that they stand in the crowd so far below the plane of the elevated physician? If not these, who then?

I do not think there can be any question that medicine is regarded both by the people and the many physicians themselves as a money-making occupation, rather than as a scientific study engrossing the highest faculties of the mind,—this, in the case of physicians, because the young men who embrace it as a profession have been accustomed from the beginning to look only at its trade aspect. Physicians, like other mortals, must be fed, clothed, and domiciled to exist at all, and they apply their knowledge to the needs of humanity with the hope of gain, that they may be able to buy the all-important food, clothes, and habitations; but they are apt to lose sight of the fact that this is only the practical application of information acquired in the study of a grand science,—that the relief of individual suffering is an incident in the broader problem of the protection, development, and advancement of the human race. They keep their eye fixed on the smaller object of the sufferer of the moment, instead of ranging their view over the whole field of human existence. So far as the ailing Jones and his wife are concerned, their pains and aches are of far more moment than the origin of species, the nature of the *vis vitæ*, or the mysteries of cytogenesis; and they may be pardoned for preferring the quack, who

mystifies them with a lie and soothes them with a panacea, to a Flint or a Paget; but do not let us forget that the ability to relieve pain and banish tears is the outcome of the study of complex organisms through long stages of evolution and of mysterious vital phenomena, involving diligent application, profound research, and the highest efforts of the reasoning powers. Especially do not let those of us who assume the office of instructing the young err in giving them the impression that the only aim of medicine is to straighten a broken limb or check a diarrhœa. There is no higher plane of thought or action for one who has been fed at this font. He matures in the stage of arrested development, content to wallow in the slough of professional ignorance, and a lucky combination which multiplies fees will interest him more than the discovery of a microbe which suggests infinite possibilities.

Properly enough, the bones are the medical student's professional alphabet, though I am not quite sure that a developed human bone is the correct alpha. Quite as often, however, volumes of practice in the preceptor's library are read *pari passu* with the anatomy, and prescriptions are learned by heart *before an idea has been formed of the organs and functions their constituents are designed to affect.* Possibly the preceptor, with intended kindness, exhibits cases, takes the youth on a round of visits, or intrusts him with some minor responsibilities which have the effect of diverting him still more from that slow systematic grounding in the principles of medicine which should precede the knowledge of the name of a single disease or of a single remedy.

From the preceptor's office, where the tutelage is often as nominal as the duration is short, the embryo office-student becomes the college-larva, and the same food is fed to him. On the benches of the amphitheatre first-course students watch an operation or get a veneering of slap-dash diagnosis, though as ignorant as their mothers of the meaning of the curious terms they are hearing for the first time.

Finally, the youth goes through the farce of being graduated, with a stock in trade consisting of a list of imaginary entities labelled as diseases, and of a corresponding list of antidotes in the shape of remedies and prescriptions, and with this begins his career,—fortunate if before his neatly-gilded sign loses its glare he recognizes a fever which he knocks in the head with the appropriate bludgeon, or encounters a broken bone which he successfully straightens, or a pleurisy which he manages to blister, purge, and sweat into a longer or shorter convalescence. But what can he really know of that marvellous mechanism called man? What of that great scheme of organization beginning with the individual monads and culminating in that aggregation of them called Cuvier? What of cell-growth, development, transformation, migration, and the struggle for existence against hordes of warring bacteria? What of evolution and correlated forces, of man's place in the Kosmos, of the laws of life, and the realities and possibilities of the material organism, and those immaterial psychic influences by which it is governed and controlled?

How should he? Was he ever taught by his preceptor that medicine is a science, demanding the exercise of the intellect, based upon an intimate acquaintance with the inanimate as well as the animate world, finding its source in every other branch of human knowledge, concerning itself about man's place in the universe, his origin and his destiny, his present well-being, his happiness, his prosperity, and his permanence?

At college what prominently attracted his attention?—professorship after professorship of practical branches,—Surgery, Practice, Obstetrics, Ophthalmology, Otology, Laryngology, Dermatology, Gynæcology, Diseases of the Throat and of the Nose, of the Respiratory Organs, Mental Diseases, Venereal Diseases, Diseases of the Brain and Nervous System, Diseases of Children, and Diseases of Women. Even at Harvard, Clinical Medicine and Clinical Surgery crop in upon the second year. One course is enough; and the student,—whether it be a young man from an academy or from his father's farm, or a middle-aged man who has found piano-tuning unprofitable or wearies of confinement at a clerk's desk,—with a general idea of his anatomical interior, a vaguer conception of the functions of its enclosed organs, detesting the chemistry which he has skipped or has heard without understanding, and dangerously wise in drugs, plunges into Special Pathology and Special Therapeutics in his second year,—like a child into a mud-puddle,—and soon talks glibly of symptoms, when he knows nothing

of their pathological significance, and of treatment, though profoundly ignorant of the physiological effects of his doses.

Naturally, one result of this early minifying process of concentrating the mind exclusively upon the immediately practical aspects of medicine,—this looking at its study through the small end of the telescope until the eye becomes unable to recognize the wider view unfolded by the other,—this conception of it solely as a money-getting occupation,—is the fruitiful cause of the development of petty rivalries of business and contentions over the loaves and fishes. The cordial, graceful amenities of a fraternity of scientific investigators are supplanted by the narrow spirit of exclusiveness which characterizes trade organizations.

At the recent meeting of the American Medical Association I had occasion to read a paper before the Section in State Medicine, in which I undertook to establish that a higher medical education was the fundamental fact in medical ethics. I quoted from the records of the Naval Medical Board of Examiners, of which I had been a member, numerous instances of scandalously defective education on the part of regular graduates of the most reputable orthodox schools, who had presented themselves for admission into the medical corps of the navy. As these will be published in the Journal of the Association, I need only cursorily mention them here. These were M.D.'s whom it were folly to expect to rise to that higher plane which it is my present object to insist is the proper level of the profession. Most of them were only fit to claim fellowship with the old women and the male cotbetties who are its camp-followers. What, for instance, is the place in the medical commune of that M.D., who was of unassailable regularity and unquestionable orthodoxy, who deliberately demonstrated the spermatic cord in a female subject? or his, who, having attempted a disarticulation through the tarsus, declared that he would allow the protruding cuneiform bones to remain until they skinned over? or of that one, who treated orchitis by removing one or both testes if the inflammation should not subside after rest, cold applications, and occasional anæsthetics? or of that other, who defined "pneumonia" to be a peculiar disease affecting one lung and "pleurisy" the name given to it on the other side? or of the worthy, who advised cauterization of the soles of the feet in congestion of the brain, using the actual cautery for poor people, and the potential cautery, by which he meant nitrate of silver, for rich patients, that they might not be incommoded by the smell of the burning flesh? or his, who said he would trephine for fracture at the base of the skull? or his, who not being able to sweat his puerperal woman with Dover's Powder gave her hot tea and a Russian bath? or his, who accelerated the expulsion of the placenta by walking his labor case about the room, five minutes being allowed to elapse after delivery before he required this exercise? I have no reason to believe that these instances are exceptional. I can parallel them with equally flagrant cases among men who would have spurned the suggestion of becoming a "navy doctor," two which just occur to me: one, a surgeon of local reputation, who was about to operate for an ovarian tumor in a case I was asked to see by the mother, and whose labor was saved him by the introduction of a catheter in the lost meatus; the other, who had encased a young girl in an irksome and cumbersome apparatus for fracture of the clavicle, when an examination on my part (unethical, I admit), in her grandfather's study, revealed no solution of continuity whatsoever. These men were all found wanting in simple practical matters. What if the examiners had ventured to question them about biological phenomena, about solidistic and humoral pathologies, or general considerations as to the nature of lesions of nutrition, or that well-gnawed bone of contention, fundamental methods of cure? Could the M.D. who defined "coxalgia" to be inflammation of the coccyx, "potable water" to be water that can be carried, "pneumothorax" to be a collection of pus, "acupressure" to be pressure by the finger or any other instrument, and "cholera communis" to mean *communicable cholera*, have ever understood the meaning of ordinary English terms sufficiently to have read intelligently a treatise or comprehended a lecture on pathological principles?

The subject of higher medical education is not a recent agitation. I have heard it argued ever since I was out of my own professional swaddling-clothes; but, beyond admissions of its need, confined to cer-

tain carefully-generalized statements as to insufficiently-prepared physicians, and the efforts of a few independent medical schools to extend their curricula, there has been nothing definitely asserted or instituted. No reform, however, has ever been accomplished, especially in this country, when it has been supported by mere abstract statements. Facts and figures that cannot be disputed are the granite foundations on which the new edifice must be erected. Yellow fever is only dreaded when your neighbor dies of it. Syphilis is deplored, like murder and highway-robbery, as a thing foreign to our own virtuous stronghold, until we see some gentle maiden guiltlessly contaminated, and we begin to calculate the millions of dollars the plague has cost, and see how communities have been decimated by the venereal scourge. Hence neither the public nor the profession will be satisfied that there are so many arrant fools who go about legally authorized to append M.D. to their names until the fact is thrown before a calcium light upon a screen, where all who run may read. I have quoted from the records at my command, with no desire to exalt those who have successfully passed the ordeal, but to show conclusively what manner of men are able to become legitimately possessors of degrees from schools of the first rank.

Of eleven hundred and forty-one candidates examined for admission into the medical corps of the navy during the past twenty years, only thirty-two per centum were accepted. I do not mean to claim any superexcellence for the fortunate (or unfortunate, if you prefer) three hundred and seventy. Doubtless many of these might also have properly been refused. Possibly there were among the unsuccessful seven hundred some who would have been found acceptable by other examiners, or who were victims of circumstances which obscured their merits or occasioned them to be unjustly treated. But were there only five hundred not fit to wear the professional toga, the inexorable logic of figures would be enough. Were there only one hundred shown to be invested with a dignity to which they were not entitled, the case would have been proven. Within the limits of a twenty-minute paper, I introduced twenty-five such, all of them graduates in medicine from schools of acknowledged orthodoxy, who out of their own mouths and by their own hands demonstrated not only their unfitness to practise the art of medicine, but their original incompetence to enter upon its study; and this I think as worthy your attention as the former, for, this established, the other is its necessary corollary. Can it be conceived that the graduated physician who "respectively" addressed his application to the "Navel Medicle Bord" was ever able to comprehend the description of the anatomy of the simplest bone? Whatever his natural ability, could such terms as *foramen* or *sulcus* or *condyle* or *apophysis* convey to him any better idea of their significance than so many French or German words? Pertinent here, let me say I had written this sentence when a certificate of the death of a friend and colleague was sent me by the family from his attending physician, written in a schoolboy scrawl, interspersed with periods and other punctuation-marks where they had no place, with orthographical blunders of which "exhertion" and "attendent" and "enfeeble condition" are samples, beginning "To whom it may concerned," but wound up with a bold, rotund, unmistakable M.D.,—a production so illiterate that I was ashamed to file it as the work of a professional *confrère*.

President Johnson is said to have remarked to Judge Black, when the latter quoted the intolerance of the populace who cried, "crucify" the Christ, as an argument that the *vox populi* is not the *vox Dei*, "Remember that we have had the advantage of eighteen centuries of enlightenment." Mr. President and Fellows, remember your own twenty-five or thirty years of experience, or rather try to forget them, and place yourselves in the position of that uneducated youth or man who, when a full-fledged doctor, wrote "blud," and "orful," and "scassity," and "inturlec," or that one who came from Vermont, "wher" he "*studed Latin grammer*," or that other who did not come from Massachusetts, but who declared that "Plymouth was settled by Columbus, who gave the town its name,"—see with their eyes and listen with their ears, for an hour, to a description of the sutures and foramina and processes of the temporal bone, the origin and insertion of muscles and fasciæ, the coursing of nerves and vessels through it and by it; then pass with them for another hour to the chemical lecture-room, where equivalences and reactions are discoursed

about in almost another language, as foreign to them as the anatomist's; thence go with them to be instructed in the etiology, symptomatology, and pathology of enteric fever, where every other word is veritable Greek, and the clinical thermometer exhibited is the first thermometer of any kind they have ever seen. Yet here for the first time the novice thinks he stands on solid ground. He has sunk deep in the mire of anatomical terms; he has skirted clear of the quicksands of chemistry; he has made a hop, skip, and jump over the "bottony" of the materia medica; he has been wearied by the physiologist, and bewildered by the generalizations of general pathology; but in the clinical lecture or the amphitheatre he gains what he thinks is medical knowledge: he learns that quinine is a sheet-anchor and does not inconveniently kill; he sees a sore throat swabbed out by caustic, though he notes the one as "soar" and the other as "luner," and he hardens his heart to the necessary sticking-point after he witnesses a few jets of arterial blood.

Fellows of the American Academy of Medicine, it is not enough for you to organize "to encourage young men to pursue regular courses of study in classical and scientific institutions before entering upon the study of medicine." It is not enough to declare that it is *desirable* that matriculants shall possess a knowledge of the structure and uses of language and of the fundamental principles of natural science. You have got to say emphatically and publicly that these are essential, absolutely essential; that medicine cannot be intelligently studied without them; that Latin and Greek derivatives must be understood, else not only the nomenclature but the vernacular of the anatomist alone cannot be comprehended. *Os uteri* and *os innominatum, quadriceps extensor femoris* and *sterno-cleido-mastoideus, tunica vaginalis* and *latissimus dorsi*, are no greater stumbling-blocks than common adjectives, like cancellated, reticulated, laminate, cutaneous, peripheral, or ganglionic. Is it or is it not a fact that a course of lectures on medical chemistry, which is simply chemistry in its relations to medicine, necessarily presupposes the preliminary knowledge of chemical principles? If it is, then say that neither the country bumpkin nor the city clerk can listen for the first time to disquisitions about atoms and molecules, oxides and suboxides and peroxides, phosphates and phosphites and hypophosphites, and gain a single salutary idea. Can physiology be understood at all without a prior understanding of the facts of physics? Is it possible for the youth, whatever his natural parts, to master the phenomena of calorification, respiration, circulation, of absorption, nutrition, or secretion, and know nothing of the forces of nature that influence animate as well as inanimate matter? Can he hear of annual and perennial, of indigenous and exotic plants, of stamens and pistils, corollæ and petals, corms and rhizomes, and not be lost in what can only be to him a jargon of strange sounds? At this day, Hygeia can no longer be denied her place among the deities in our temple, but who can master the elementary laws of sanitary science if ignorant of the composition of the atmosphere, of heat and moisture, evaporation and condensation, of electricity and magnetism? What was the understanding of natural phenomena as a pupil of that "doctor in medicine" who said that "the boiling-point of Fahrenheit is about 300°, that of the centigrade scale not so high, and that of Réaumur higher," that he "could not tell what the zero of Fahrenheit was without having the other scales before him," and that "the natural temperature of the human body is from 112° to 140°"? or his, who defined the difference between electricity and galvanism to be that "one is the substance itself and the other its use"?

It is a common plea that bad spelling is not inconsistent with profound acquirements, and, while I admit that phonetic faults in English orthography are sometimes even commendable, I do not believe that those doctors, however regularly graduated, who wrote about *drams of lodnum* and *aurora epileptica*, who described the symptoms of *superation* and the treatment of *fishers of the anise*, who in one breath denounced *homeepaths* and in the next boasted of being a "reg'lar alleepath," were ever fit to be matriculated, or that any school that matriculated them deserved recognition. I have offered only evidence for which I can personally vouch, but I know from members of the Army Medical Board, of the Board of Examiners for the Marine Hospital Service, of the Illinois State Board of Medical Examiners, and the Secretary of the State Board of Health of West Virginia, that they can match anything I have adduced.

Nevertheless, when, aiming at an effective and immediate advance in medical education, I offered a series of resolutions at the May meeting of the American Medical Association, to which I sought the endorsement of that body, I failed to get even the Section in State Medicine to report them, —objection being made, not to the soundness of my position, but to the *expediency* of taking action. While the result was discouraging, I cannot say it was unexpected, former experience in reform movements having shown me that the antagonism of those interested in maintaining an abuse, and who hide themselves and stifle opposition by the gagging-process of a motion to lay upon the table, is scarcely more effective than the timidity or downright cowardice of those who applaud your motives but tie your hands with manacles of inexpediency. Two of the resolutions had the special object of excluding illiterate, ignorant, and incompetent graduates from the profession and from membership in its national representative body. A third, and the most important, urged upon the several legislatures the establishment of State Boards of Medical Examiners, whose certificate should be necessary to the issue of a license to practise, and upon "the authorities of every regularly-organized medical college in the State [which does not already require them],—first, the requirement of a proper preliminary education of matriculants, and, second, greater care in ascertaining the fitness of candidates for a degree." In this Academy, at least, no argument is necessary to establish the need of a matriculant being able to read, write, and cipher, and to comprehend enough of the etymology of Greek and Latin derivatives to gather the meaning of the technical language of the profession; while the flagrant mistakes of so many graduates, which would be ludicrous were they not appalling in their possible consequences, are proof enough that some action is necessary in the way of establishing disinterested boards of examiners for degrees, in view of the lamentable fact that men, themselves able and educated, thoughtlessly affix their names to diplomas that are lies from beginning to end.

One other proposition in connection with graduation I offered merely as a personal suggestion,—to wit, "Medical colleges should confer upon graduates the degree of *Bachelor in Medicine*, such graduates to be eligible to the degree of *Doctor in Medicine* at the end of three years, after having given satisfactory evidence of their qualifications to the Board of Censors of the State Medical Society."

Time works its own reforms. There is no *retrorsum* in this world. A new and better order of things is certain to be evolved. But shall we wait for the slow process of natural development? The sunrise comes, but ere "the dew-drop slips into the shining sea" shall we not see something of the light? Let us water the tender plant, feed its roots, and hope to gather its first fruits.

In a recent number of the *New York Medical Journal* there were published the annual announcements of sixty-seven non-sectarian medical colleges in the United States and Canada, recognized by the Illinois State Board of Health.* These aggregate seven hundred and eighty-seven professors or members of faculties, including forty-eight emeritus, retired, or honorary professorships; five hundred and thirty-nine assistant and adjunct professors, lecturers, instructors, demonstrators, prosectors, and examiners, a total of thirteen hundred and twenty-six; an average of twelve in each faculty, and a total of twenty teachers in each school, ranging from the modest staff of five of the University of Virginia, to the corps of sixty-four at the College of Physicians and Surgeons of New York, fifty-four at the Medical Department of the University of New York, fifty at the Medical Department of Harvard University, and forty-three at the Medical Department of the University of Pennsylvania, and at Bellevue. The chairs in many of the schools are so interlinked that it is almost impossible to group them in tabular form, Materia Medica being handicapped with Ophthalmology and Diseases of Children, Chemistry with Diseases of the Nose and Throat, Obstetrics with Psychological Medicine, Physiology with Venereal Diseases, and Ophthalmology with Histology and Pathological Anatomy. It is worthy of remark that in but one instance

* Since the date of this paper, the Illinois State Board of Health has published its admirable and valuable report on "Medical Education and the Regulation of the Practice of Medicine in the United States and Canada," giving full details of the medical laws and institutions in the several States, Territories, and Provinces of the two countries. From this it appears that of 218 colleges accounted for 130 are still in existence (119 American, 11 Canadian), of which 85 are recognized by the Illinois State Board. Of these 6 are in Canada, all regular, and 79 in the United States, 63 regular, 11 homœopathic, and 5 eclectic. Nine other irregular American colleges have a conditional recognition.

is Comparative Anatomy mentioned as a subject of study, and then only as a lectureship, shared with General Anatomy, in the Miami Medical College, of Cincinnati. Another friend of our early days, the "Institutes of Medicine," finds special place in two Canadian and three American schools,—viz., the Jefferson Medical College of Philadelphia, the Albany Medical College as an emeritus chair, and the Medical Department of the Arkansas Industrial University, at Little Rock. Hygiene, after struggling for existence as an adopted child of Physiology, is now dignified as a professorial chair in twelve schools, as an adjunct professorship in one other, and in three as a lectureship; while in other nine it is still tied to the maternal apron-string of Physiology.

Of the sixty-one colleges in the United States, twenty-one require a preliminary examination, or the evidences of preliminary education;* seven of these, however, only vaguely exacting "satisfactory evidences" of it. The other fourteen explicitly prescribe a matriculation examination, or the possession of a degree or certificate of some academic institution; and perhaps I may be pardoned, as one of your Junior Fellows, for suggesting that the letter of our Constitution excludes from Fellowship men entitled to it by their literary, classical, and scientific acquirements, who have failed, sometimes from trivial causes, to become possessors of a formal degree. If this alone is exacted, how can we consistently deny the same weight to the degree of M.D.?

Four Canadian and twelve American colleges announce their adherence to the requirements of the Illinois State Board of Health, and seven require the final examinations to be in writing.

Likewise the point of the wedge of reformation has been driven into the curricula. The College of Physicians and Surgeons of New York recommends a third annual course; the Michigan College of Medicine, of Detroit, has a freshman, a junior, and a senior year, and restricts all clinical instruction to the last year; the University of Pennsylvania has an obligatory course of three years, and adds a voluntary fourth; and Harvard requires three years and recommends four.† Undoubtedly, if what is thus recommended is commendable, it should be required, and Harvard insist upon its fourth year, the University of Pennsylvania make it obligatory, and Michigan substitute a sophomore for the present junior and extend the latter over a new junior and a senior year. Meanwhile, it has become the paramount duty of this Academy and of every other national medical association to lend these pioneers no lukewarm countenance, but to give them hearty, energetic, and efficient support.

A standard of preliminary education that will go far enough to embrace a knowledge of the natural sciences; a graded curriculum of four years; a rigorous examination for graduation by *disinterested boards;* a three years' baccalaureate probationary to the doctor's degree; all these are not enough, if preceptors, professors, and physicians, in general, fail to impress upon their pupils that medicine is something more than an art, seeking only to relieve individual suffering at so much a head; that its wider aim is to banish disease from the earth, prolong life, develop and improve the race, and thus increase the total of human happiness; that there is no grander or sublimer employment of the intellect than the study of man and his surroundings, catenated as it is with every other branch of knowledge; that he who is really learned in medicine is learned in many things, and moves in that higher plane which should be the aspiration of every man who presumes to add M.D. to his name. For those who are content to look no higher than the requirements of a daily routine, it would be better to make no pretence of education, but to recognize a class of general practitioners who can pull a tooth, apply a poultice, or chance a dose of calomel or castor-oil. Consign them to the *limbus fatuorum*, but do not claim for them equality and fraternity with EDUCATED physicians. The line must be sharply drawn. There can be no border-land. If the degree of M.D. is to be presumptive evidence of professional ability, see that it is the exponent of something definite. Repudiate sham colleges and sciolist teachers, and relieve the profession from the burden of the gross ignorance, illiteracy, and incompetency which are now its opprobria.

* Fifty-five regular colleges in the United States and ten in Canada are reported as "now exacting a preliminary education as a condition of matriculation."

† Fifteen regular American and ten Canadian colleges are reported as "now requiring attendance on three or more courses of lectures before graduation," and fifty-six regular, seven homœopathic, and three eclectic as "recommending and providing for, but not requiring, three or more courses of lectures before graduation."

ORIGINAL COMMUNICATIONS.

REPORT ON THE PROGRESS OF OPHTHALMOLOGY.

BY ALBERT G. HEYL, M.D.,
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THE NATURE OF THE JEQUIRITY OPHTHALMIA.

THE results of the investigations of Prof. Sattler with reference to the existence of a vegetable ferment in the jequirity infusion are of great interest by reason of their bearing on the germ theory of disease, as well as the attention which the remedy is exciting among ophthalmologists. A few points can only be alluded to. The jequirity bean itself possesses no principle capable of exciting the peculiar inflammation of the conjunctiva which occurs after the application of the macerated infusion. The effects depend upon a bacillus derived from the atmosphere, which finds in the albuminoid substance contained in the infusion the condition favorable for its propagation. An infusion which has been macerating for a day is filled with these bacilli. Higher temperature than 36° C. stops their development. The power of the infusion to induce an ophthalmia deteriorates by age, and finally ceases. The bacilli as they exist in the atmosphere are harmless; but in the jequirity infusion they acquire the physiological property of exciting the peculiar ophthalmia when brought in contact with the conjunctiva. [It is almost superfluous to say that these results have been attained with all the necessary precautions. H.]—*Klinische Monatsblätter*, August, 1883.

HEMI-ACHROMATOPSIA.

Swanzy reports a case of this form of defective color-perception. V in each eye $= \frac{6}{12}$; refraction of each eye slightly hypermetropic; optic nerve disks and retinæ apparently normal; visual fields defective in the right upper quadrant. Holmgren's tests performed with accuracy. Testing the fields with colored wools resulted in finding the left half on each side totally color-blind. In the right half they could be detected, although the areas were concentrically contracted. Patient five months before had been seized with an attack of apoplexy; was unconscious twelve hours; in several days had completely recovered, excepting defective vision and confusion of ideas. Swanzy thinks that this, and similar cases (Landolt's, Samelsohn's, Bjerrum's) show that the nervous element in which the color-perception resides is in the brain, not in the peripheral visual apparatus; further, that the color-centre is distinct from that for form, sense, and ordinary light-perception.—*Lancet*, October, 1883.

[Granting that this patient's statements are to be relied upon, Swanzy's deductions seem hardly warranted. The most that this case shows is that consequent upon some intracranial disturbance the visual abnormality described occurred: it does not prove the location of the brain-lesion to have been a color-centre. The form of the color-defect is suggestive of the optic chiasm as the seat of the lesion, and perhaps the future history of the case will show it to have been one of progressive atrophy. H.]

INTRAOCULAR TENSION.

Schulten has examined the question of the elasticity of the sclera, and finds that at a pressure of 30–40 mm. Hg. it is very slight; for low pressures it is considerable. Post-mortem tension, as also in that of an enucleated eyeball, does not sink lower than 10 mm. The effect of the intraocular tension upon the flow of blood into the retinal and choroidal vessels seems to stand in a certain relation with the lateral pressure of the ophthalmic artery: when the intraocular pressure approaches the minimum of pressure of the artery, the flow of blood becomes intermittent; if the intraocular tension exceed the maximum pressure of the artery, the flow of blood stops.

The pressure of the ophthalmic artery is about that of larger vessels. The quantity of blood and the intraocular tension depend upon the lateral pressure in the blood-vessels of the eye, their tonus, elasticity, the quantity of liquid in the eye, and the external pressure.—*Arch. f. Ophthalmol.*, June, 1883. [It is not apparent in this abstract how the intraocular tension was measured:—probably by an instrument connected with the anterior chamber, as this is the method generally pursued. It is a fact, however, too little noted, that a distinction exists between the tension over the sclera and that over the cornea, and it is probable that the tension of the anterior chamber cannot be accepted as the real measure of the intraocular tension. H.]

TRAUMATIC GLAUCOMA.

Knapp reports the following case. Patient, æt. 29, was struck on R. E.; anterior chamber was absent, tension reduced, and myopia 5.5.D. A few days after the anterior chamber was restored, an attack of acute glaucoma was developed, which yielded to eserine. Sight was restored, and the myopia removed.—*Archiv f. Ophthal.*, June, 1883.

A NEW INSTRUMENT FOR IRIDOTOMY AND DISCISSION.

Scherk, of Berlin, describes a needle for operating on opaque capsules or pupillary occlusions, such as occur after cataract-extraction. The instrument consists of a delicate shaft with one end fashioned into a small knife, similar to that of Knapp's discission-knife. The shaft fits closely in the handle of the instrument, like a trocar in a canula, and can be moved forward easily by the pressure of the finger on a button which projects from the handle of the instrument. The instrument is introduced into the anterior chamber and engaged in the capsule or iris as an ordinary needle; the button is pressed, the knife is pushed forward and cuts a hole in the tissue. [The principle upon which this instrument is based—of getting a maximum of cutting motion with a minimum of lever motion—is sound. The objection to the instrument is the canula device which is employed in its construction. H.]—*Klinische Monatsblätter*, August, 1883.

OPHTHALMOSCOPIC OBSERVATIONS AFTER HÆMATEMESIS.

Ulrich relates the following. Patient, a young woman, æt. 25, was very anæmic by reason of gastric hemorrhage. Seven days after the last bleeding, ophthalmoscopic examination simply showed pale disks. Two days later, fresh hemorrhage occurred, followed by a swoon. Ten minutes later, the eyes were examined: the disks were extremely pale, margins distinct, arteries small, with difficulty followed towards the periphery; veins normal as far as the sclerotic ring, where they suddenly lost their dark-red color and appeared of a bright red. This color-change depends on the relatively small amount of blood in this part of the veins. Close around the papillæ were numerous retinal hemorrhages, also some shining white plaques. The condition continued until the general condition of the patient improved, when she was dismissed with V = 1, and visual field normal.

Hoffmann reports another case. Patient, a man æt. 47, was seized with several attacks of severe hæmatemesis. Two days after one of these attacks, complete blindness suddenly ensued, which, however, of itself slightly disappeared. Some weeks after, this patient came under observation. He was apparently in good physical condition; no albuminuria. The papillæ were paler than normal, but the retinal vessels presented no striking abnormality. R. V. = $\frac{6}{18}$; L. V. = movement of hand; refraction = E. The diagnosis was atrophy of both optic nerves.—*Klinische Monatsblätter*, May, 1883.

HEMORRHAGE AFTER ENUCLEATION.

Dr. Spaulding, of Portland, reports a case in which, after using, in vain, pressure and hot water, he succeeded in checking the hemorrhage by ligation of two arteries in the orbit. In the discussion in this case Prout said that in one instance he had controlled the flow by digital compression. Knapp referred to the necessity in enucleation of keeping close to the sclerotic. When the optic nerve is to be cut, it is a good plan to press the speculum into the socket: the eyeball is thus forced forward, and the nerve may more easily be divided.—*Amer. Ophth. Society*, 1883.

HYDROCEPHALUS WITH OPTIC NERVE ATROPHY, WITH CONTINUOUS FLOW OF WATERY FLUID FROM THE NOSE.

Professor Leber reports the following case. Patient was a girl, æt. 15½, hydrocephalic from birth. Six months ago, marked disturbance of sight developed, followed by frequent attacks of giddiness, later by two pronounced epileptic attacks. Atrophy of the optic disks, result of papillitis, was observed. Epileptic attacks recurred every six or eight weeks. Five days later, a continuous dropping of a watery fluid was observed from the nose. It varied in amount, reaching on one occasion in six hours 76 cub. cm. The epileptic attacks became very infrequent; headache and vertigo ceased apparently by reason of this flow. The sight did not improve. This fluid seems to have been cerebral. A few cases of the kind are on record.—*Arch. f. Ophthal.*, 1883.

BRAIN-ABSCESS, WITH CHOKED DISK ON EACH SIDE.

Five weeks after the patient began to complain of cerebral symptoms, the result

of ophthalmoscopic examination was simply suggestive of a possibly commencing neuritis. Two weeks later, the cerebral symptoms having become more pronounced, a typical choked disk on each side was discovered. Post-mortem revealed two small abscesses involving left corpus striatum and a part of the thalamus opticus, also suppurative basilar meningitis. The case seems to have been one of brain-abscess, followed by basilar meningitis, perineuritis, and neuritis optici.—*Arch. für Ophthalmol.*, 1883.

IODOFORM IN CORNEAL AND CONJUNCTIVAL DISEASES.

Vossius gives the following results of considerable experience with iodoform. In a case of gonorrhœal ophthalmia it increased the discharge and swelling; one cornea, which previously was involved, was made worse, and the other, which had been intact, likewise became affected. Only one application was made, when a change of treatment was necessary. In blennorrhœa neonatorum it has no special value. In trachoma it sometimes seemed to do good, but oftener not: upon the granulations it did not act well, but sometimes when acute increase of the pannus would occur the iodoform seemed to relieve. Nor did it prove of value in phlyctenular conjunctivitis, pannus scrofulosis, parenchymatous keratitis. On the other hand, remarkably good results were attained in the treatment of corneal ulcer. Ninety corneal ulcers form the material upon which this statement is based. Especially in the ulcus corneæ serpens was the value of the remedy manifest. Thirty-six cases of this kind were treated: in seventeen of these severe dacrycystitis existed; in one old granulation with profuse purulent secretion. In three cases, Saemisch's operation was performed: in two of these, in spite of this and the iodoform treatment, the whole cornea became involved. In thirty-two of the cases surprisingly favorable results were attained by the iodoform alone. The iodoform was used in powder or in the form of salve. It seemed to produce an anodyne effect, relieving the violent ciliary pain and irritable condition of the eye. [An important practical matter seems to find illustration in this experience,—viz., that the treatment of local infection with septic material must vary with the nature of the infecting germ. Thus, certain septic forms of conjunctivitis and keratitis are very much helped by the application of heat. The form of corneal ulcer above referred to, where the infection very often comes from the lachrymal sac, is certainly not very susceptible to the action of heat, but seems to require a substance which has a different therapeutic action. H.]—*Arch. f. Ophthal.*, 1883.

CORNEAL GANGRENE PRODUCED BY INANITION.

Thalberg records some observations in corneal gangrene. Most of the cases were sucklings. The cause seemed to be malnutrition of the infant, or an impoverished condition of system in the mother, the result of prolonged fasting. The symptoms observed were sudden diffuse clouding of the cornea, generally preceded by xerosis of the conjunctiva, breaking down of the cornea, and sloughing. Sometimes, instead of diffuse clouding of the whole cornea, the opacity would be in the form of a white band which crossed the cornea. Sometimes two of these bands were present. Sometimes a catarrhal condition would occur, and then the case would closely resemble an ordinary blennorrhœa neonatorum with corneal necrosis. In the treatment very good results from the use of eserine in form of salve made with vaseline were obtained. By this is apparently meant that it was found useful after the necrosed tissue had been thrown off and a deep ulcer remained. It seems that the cases upon which these observations were made came under treatment generally at this stage of the disease.—*Archives of Ophthalmology*, June, 1883. [This morbid corneal process seems to be identical with that described by Graefe as corneal ulceration after infantile encephalitis, with the ophthalmia Braziliana of Gama de Lobo, and the corneal malacia described by Arlt. It is possible that malnutrition may be a secondary cause of the disease, but it is not likely that of itself it could produce corneal necrosis. A much more probable supposition is that these cases are caused by infection with micro-organisms. A case of this kind, which came under the reviewer's care some years since, was characterized by infiltration of the subconjunctival scleral conjunctiva, such as seen in diphtheritis. There was no false membrane. The patient died with profound typhoid symptoms. Post-mortem showed a healthy state of the intestines. The observation of Thalberg of the occurrence of a condition resembling blennorrhœa supports this view

somewhat, as this condition is probably due to a micro-organism. The value of the eserine in the treatment of this disease probably depended on its effect on the tension of the anterior chamber, as it seems generally to have been employed after the sloughing had taken place. The reviewer's experience teaches him that in certain forms of corneal infection, analogous to those referred to, eserine in the early stage will hasten the corneal disorder, and that an efficient method of treatment is the application of moist heat by cloths dipped in water as hot as can be well borne, for fifteen or twenty minutes at a time, the cloths being changed as fast as they cool. H.]

ARTIFICIAL RIPENING OF CATARACT.

Theobald reports two cases in which he made use of the method of Förster for hastening the cataractous process in partially opaque lenses. In one, the operation was imperfectly performed, and only slight change was produced. In the second, very rapid development of the cataract ensued. In each case, the operation was followed by iritis, with the formation of slight but persistent adhesions. In the discussion which followed, Drs. Gruening and Mittendorf had favorable experience to relate, Dr. Kipp had seen the lens become opaque, but not permanently so, Dr. Knapp had failed to produce any effect on the lens, Dr. Wadsworth's experience was similar to Knapp's. Dr. Noyes had performed the operation eight times. In one very marked iritis followed.—*Amer. Ophth. Society*, 1883. [The method of Förster consists in a sort of massage of the lens. An iridectomy is made, and then, while the anterior chamber is empty, the cornea is rubbed with the angle of a strabismus-hook. The instrument should be employed only in the area of the pupil and of the coloboma. The idea is so to disturb the clear portions of lens-structure in slowly-developing cataracts that the process may be hastened. The value of this procedure, if it accomplish all that is claimed, is apparent. Many patients to whom the loss of many months consumed in waiting for the completion of the morbid process means loss of position and support would be enabled in a comparatively brief period to undergo the operation. The production of the complete clouding of the lens seems to be undoubted. A pertinent question, however, suggests itself: Is the clouding of the lens-tissue thus produced practically the same as that produced independently by the morbid process? Would this cataractous substance, artificially produced, readily be expelled in the extraction, or would there be considerable danger of cortical substance remaining behind? Then there is the risk of iritis, which seems to be considerable. The method doubtless will be further employed, and practical experience decide its status as a remedial measure. H.]

VASELINE SALVES.

Dr. Seely, of Cincinnati, was perhaps the first one to call attention to vaseline as an excipient in the preparation of the yellow ointment, so valuable in phlyctenular disease. Dr. Theobald, of Baltimore, uses as a basis for ointments for the eye a cerate composed of one part of yellow wax and four of vaseline.—*Amer. Ophth. Society*, 1883.

ELECTRICAL TREATMENT OF INSOMNIA.

BY WILLIAM R. D. BLACKWOOD, M.D.,

Electrician and Neurologist, Presbyterian Hospital; Physician to St. Mary's Hospital.

INSOMNIA presents itself as a factor in many diseases, but more particularly in those of the nervous system. In the earlier stages of insanity insomnia is very frequently met with, and the difficulty in overcoming the condition is very annoying to the physician; in fact, he is usually more troubled about it than the patient is, for, once mental aberration sets in, nothing is more likely to precipitate actual insanity than persistent wakefulness. In many fevers, also, loss of sleep is a prominent symptom and a distressing one, for in certain cases neither opiates, bromides, nor chloral are well tolerated, or, in fact, admissible. I know from personal experience, both in hospital and private practice, that not only injury during the acute stage, but also unnecessarily-delayed convalescence has resulted from incautious administration of drugs to procure sleep, in several types of fever. It is true that we have at our command other methods of tranquillizing a restless patient than drug-soporifics, but none have ever met the designed end with myself so well as electricity.

In relieving *pain* of many kinds, galvanic currents are invaluable, as is well known to any practitioner, and although

the evening restlessness of persons ill with depressing fevers may not be due to actual pain, its results are the same in the end, and the tossing to and fro is just as wearying as though it were accompanied by acute suffering. Electricity applied by the "general" method, as described, will, in the majority of such instances, act like a charm.

My usual plan is to apply *mild* faradic currents with one rheophore over the solar plexus, the other being held by its uninsulated portion in the same hand (the left) of the operator. The whole person of the patient, beginning with the head, is then gently stroked by the right hand of the manipulator, who thus can readily estimate the current strength; and it is better not to wet the hand used. The *sponges*, of course, must be well moistened. Care is taken to avoid painful points, as the brow, lower jaw, and sterno-cleido-mastoid, in the head and neck, but elsewhere the caution is less necessary. The most grateful effects are produced when brushing over the back and the limbs, the sufferer very frequently falling asleep whilst these parts are being attended to. Besides being able to judge the strength and regulate the quantity by increasing or decreasing the pressure of the hand, many of the good effects of massage in soothing the patient are thus obtained: in fact, I have more than once been asked, is not the whole good effect referrible to the simple and grateful friction? That it is not, may be easily determined by experiment, for although sleep may be induced by massage in some persons, it cannot be in others under precisely similar conditions, yet, if electricity be combined with the manipulation, failure will very seldom occur. In some instances where faradic currents would not act I have succeeded by substituting *galvanism*. The application is here made with some modification. First of all the penetrating and diffusing power of the constant current must be considered, and hence all applications to or near the brain are to be made guardedly. Anæmia or congestion at will of the brain is readily produced by galvanism, and although we in a measure desire to obtain the former condition, it is essential not to overdo it. From five to eight cells, therefore, of any battery of the Leclanche, the Law, or the gravity type, will suffice, and the frontal region is better avoided. With one rheophore on the solar plexus (the negative) the anode is applied through the operator, as in faradization, to the vertex and down the neck, on either side (or both at once), thus influencing by the so-termed *central* galvanization the whole sympathetic nervous system, and without necessarily going over the whole body the desired effect is produced. There is no objection, however, to manipulating the other regions, and where much muscular soreness exists decided benefit is thus obtainable.

Except in hospital practice, it will be found inconvenient to employ galvanism, from the difficulty in transporting a good battery, the small zinc-carbon portable concerns being so unreliable. The physician, therefore, should try faithfully induction currents, prolonging the applications to a half-hour or more before giving up or resorting to galvanism. Do not make the very common mistake of substituting powerful for prolonged currents. It is *quantity* and not *intensity* which is required, and so far from attaining the object by an erroneous plan we only render our case less comfortable and defeat the object sought. So soon as muscular contraction is produced, the current is too strong: weaken it. If the patient complains of cramp, tingling, or numbness (pins and needles), he is getting too much: press more gently with the hand, or weaken the coil by its switch- or draw-tube. A current which will produce the crackling of dry cuticle is enough, and if the patient has a moist skin then give only so much as is barely perceptible to yourself: that will be enough. It may seem a waste of time and paper to write of this matter, but as all practical physicians grow older they learn to notice trifles, to depend less upon drugs, and to study every comfort of the sick. In protracted illness the nightly morphia, Dover's powder, or hypodermic becomes intolerable, and any method which may possibly supplant these is of value. Time and again I have had convalescents to thank me gratefully for the change, made, too, at times when from semi-delirium or other condition it was supposed that the patients would not notice such points, but which they remembered when able through returning strength to speak of them.

The skill requisite in electrical treatment of insomnia is very little; the time spent is not a drawback, but, if it is, the nurse,

mother, or other member of the family can take the doctor's place after a little instruction, and every general practitioner should possess a faradic instrument at least, for it comes into play so often nowadays as to be indispensable. Not long ago a professional friend who had been induced to try the method under consideration in a fever case, but who thought the battery a bad investment because so seldom needed, changed his opinion when in a case of an accidental overdose of morphia the person's life was saved by electricity. He owned up that a machine which would either make a wakeful patient sleep or wake a patient comatose from opium *was* worth possessing. Electricity is working its way rapidly into the ordinary needs of the day, and it is a good servant of the physician under intelligent control.

246 North Twentieth Street.

AN ACID SOLUTION OF THE HYPOPHOSPHITES.

BY GEORGE S. GERHARD, M.D.

MR. HAYES, of the St. George Pharmacy, has very successfully prepared, at my suggestion, a solution of the hypophosphites, without syrup, by dissolving the salts in water acidulated with hyposulphurous acid. The addition of a definite amount of this acid prevents the precipitation of at least two of the salts (iron and manganese), which in the syrups is accomplished by the protective power of the sugar.

The objection to the syrups is their excessive sweetness, and their liability to cause indigestion. The present solution, the formula of which I give below, is clear, slightly fluorescent, and pleasantly acid. It is a valuable tonic and stimulant, and is borne by the most sensitive stomach.

Calcii hypophosphit.,		
Potassii	"	
Sodii	"	āā gr. j;
Quininæ	"	
Manganesii	"	āā gr. $\frac{1}{4}$;
Ferri	"	gr. $\frac{1}{2}$;
Strychninæ	"	gr. $\frac{1}{120}$;
Glycerinæ,		℥iij;
Liq. acidi hypophos.,		℥ij;
Aquam		ad f℥j.

Ardmore, Pennsylvania, September 19, 1883.

A NOTE ON THE TREATMENT OF MALIGNANT CARBUNCLE AND BUBO.

BY M. L. NARDYZ, M.D.,
Philadelphia.

THE carbuncle, malignant bubo, and phagedæna are all local inflammatory processes, more or less dependent upon constitutional cachexia. Various causes operating upon the system so as to lower its vitality may be generally discovered by careful examination: in the former, senile enfeeblement, infirmity, and chronic debility from disease, or a condition of habitual repletion and irregularity of circulation, and connected with every species of excess; in the latter, there is the action of specific animal or mineral poison. In such conditions of the system these formidable local manifestations are sometimes developed upon the slightest local irritation. Thus, a furuncle of a young and healthy individual would be a carbuncle in one of an unhealthy character. The bubo of plague and that produced by the flesh of diseased animals is symptomatic of the poison which pervades the system, and the frightful cases of phagedæna which we sometimes witness in hospital practice are in most cases not to be explained by reference to the character or amount of the injury, mechanically considered, and result, therefore, from the operation of some powerfully-depressing cause upon the *vis vitæ* of the individual.

Of the same description, doubtless, in this respect is the horrible disease termed hospital gangrene and malignant ulcer, of which, however, we know little or nothing from personal observation.

I do not mean by these remarks to underrate the value of local treatment in such cases; it is most essential to facilitate nature's operations; but I mean to convey the idea that the local malady is symptomatic, whether commencing spontaneously or in consequence of lesion, and that calming and supporting the constitutional action is the efficient method of treating such diseases, whether that be done by local or general treatment, or by both. And there can be no occasion to illustrate the fact that surgical local treatment, as the division of structure, the renewal of the surface, is in many cases most influential in accomplishing this great purpose.

The practical objects to be effected, if possible, in carbuncle and phagedæna, are

the arrest of the gangrenous inflammation and the establishment of a free suppuration from the line of separation between life and death. Whenever this can be obtained there is reason to anticipate a favorable issue; and when it fails, and dryness is the condition of the sore, the contrary is to be looked for. A dry carbuncle is invariably fatal, in my experience.

NOTES OF HOSPITAL PRACTICE.

UNIVERSITY HOSPITAL.

CLINIC OF JOHN ASHHURST, JR., M.D., PROFESSOR OF CLINICAL SURGERY IN THE UNIVERSITY OF PENNSYLVANIA.

Reported by LOUIS J. LAUTENBACH, M.D.

CLUB-FOOT TREATED WITHOUT TENOTOMY, BY KNEADING OF MUSCLES AND SUPPORT.

THIS boy has a deformity of the foot: it is one of a group of cases known as club-foot. The inner side of the foot is somewhat flattened, and the foot tends to turn out; if the deformity increases it will probably become a case of calcaneo-valgus. The left leg is the one affected most noticeably, but in neither does there appear to be much loss of power. Besides this defect in the ankle there is a tendency to knock-knee, this being, as it were, a continuation of the same process of eversion; it is, however, not sufficiently far advanced to be of much importance.

Coming now to the treatment, there is here no question of tenotomy, since there is no contraction, at least not such as cannot be overcome by simple mechanical measures; there is no spasm, there is simply a weakness of the muscles and ligaments; and as a result of their want of tone we have the present condition. We must here apply some mechanical support to prevent increase of the deformity, while we endeavor to improve the tone of the muscles by appropriate means.

We cannot, in many of these cases which depend upon infantile paralysis, cure our patients in the sense of restoring motion which is lost, but we can often do considerable good by preventing the deformity getting worse.

In the first place, we will use systematic frictions and kneading to the limbs, to keep the muscles and skin in good condition, and we will supplement this by the use of galvanism.

Our mechanical treatment will consist in the application of a small pad on each side of the ankle in connection with light iron rods going up from the sole of the shoe, and provided also with a pad on each side of the knee. This is all the treatment that can be usefully applied. It may be possible that a similar apparatus will at some future time have to be applied to the right leg to prevent the development of a similar condition there.

We have here another orthopædic case, one of club-foot, which you will recognize at once as a case of calcaneo-valgus. The foot is everted and the heel is drawn down. Here there is not, as yet, any decided fixation; the case is still susceptible of treatment by the use of apparatus and friction, without tenotomy. If, however, the case goes much longer without treatment, the tendons will become contracted and the foot fixed, and it will then be necessary to divide the tendons of the long and short peroneal muscles, and perhaps those of the extensors of the toes, and even that of the anterior tibial. It would not be necessary to divide the tendo Achillis here, as the heel is not retracted. We find here a curious condition of what is called luxation of a tendon: one of the peroneal tendons is in front of the external malleolus instead of behind it, but slips quite easily into its proper position when pressed upon.

POLYPUS OF THE NASAL SEPTUM—REMOVAL.

Our next case is one of tumor of the nose. It does not look like the ordinary simple nasal polypus, which is the most common form of nasal tumor. The tumor here is attached to the septum, and has a very vascular appearance. Nasal polypi are usually attached to the turbinated bones; they may be attached at any point, but they occur only very rarely on the septum. Polypi are usually of a more or less yellow appearance, and have not the deep vascular tint which this has.

I will try to remove the tumor with the ordinary polypus forceps, and, if I do not succeed with this, will use a small gouge, which is a very convenient instrument for operations within the nose.

Before attempting to remove a nasal polypus you should always satisfy yourself of the exact point of attachment. This tumor is attached to the septum by means of a neck which is rather broad. Here the tumor is clasped comparatively easily

by the forceps, and on twisting the instrument the mass of the tumor comes out, its deeper parts looking more like the ordinary nasal polypus than the part which was seen in the nostril. Examining the nasal cavity further, as usually there are several polypi present, we find that we have no more tumors to take out.

Besides the ordinary nasal polypus, which is usually a myxoma, though sometimes an adenoma, there is occasionally a firmer growth met with in the nose, which is called a fibrous polypus. This is a comparatively rare tumor, and in some cases which I have seen has been of a sarcomatous nature. The tumor in this case is firmer than the ordinary polypus, and probably contains glandular tissue, so that it might be called a polypoid adenoma.

WHITE SWELLING OF THE KNEE.

This boy represents a class of joint-diseases of which we see a great many. He has been under treatment a long while. It is a case of disease of the knee-joint known as gelatinous arthritis, or white swelling. It is a case which may some day require more active measures than we have as yet adopted. Many of these cases, if not carefully treated, eventually require either excision of the knee-joint or amputation above the knee. Excision does not do well in very young children. The operation should not be done, if it can possibly be avoided, in children under nine or ten years of age, as the results usually are not very satisfactory: sometimes you fail to get bony union altogether, and if you do get bony union there is apt to be considerable deformity, owing to the restlessness of the patient.

Another risk which follows the operation of excision in young children is that of recurring deformity. Of this I have seen two cases in my own practice. One case of recurring deformity after excision of the knee was in a little girl six or seven years old, who went out from the hospital with a straight knee which appeared quite firm, but she came back some months afterwards with considerable deformity. In that case I used a posterior splint and an elastic bandage, which restored the limb to its proper position. The second case was in a girl eight or nine years old, who also went out from the hospital with a limb straight and apparently firm. I lost sight of her for about ten years, when she came back with the limb very much contracted, the leg making an angle of about ninety degrees with the thigh. Bony union had occurred in this abnormal position, and it was found necessary to perform a re-excision. These reasons make me hesitate about recommending an operation in young children if it can be avoided.

If, in a case of this kind, in a child, you find much deformity, you may divide the hamstring-tendons subcutaneously, then straighten the limb as much as possible, and use the plaster-of-Paris bandage to keep it straight. This will put the part at rest, and at least prevent the disease from getting worse.

In using the plaster bandage, you should first pad the knee well with cotton, and then carry a flannel bandage from just above the ankle to more than half-way up the thigh, in order to fix the bones above and below the joint and thus to prevent motion of the articulation. Now on top of this you apply a bandage of crinoline or mosquito-netting having plaster of Paris within its meshes. Before applying this it is soaked in water, and then the superabundant water pressed out. The fixing-power of the plaster may be supplemented by adding strips of pasteboard or wood, or, better still, of metal,—especially of perforated zinc or tin,—so as to prevent their slipping. Over these strips put a second plaster bandage, and then keep the limb straight until the plaster has set.

RACHITIC CHILD.

This child has just been brought to us for the determination of the question whether any mechanical apparatus can be of use, and, if so, of what kind. The child cannot hold its back straight. There is a deformity of the chest; the breathing at times is attended with great oppression. The child is suffering with rachitis. The contour of the breast is very characteristic: there is a drawing in of the lower part of the breast, and a curvature of the back which is distinct from other forms of curvature. This is not as marked when the child is standing up as it is when he is sitting down, as while standing he puts the muscles in action. He has an antero-posterior curvature which is very different from the antero-posterior curvature of Pott's disease, or caries of the spine. Here we have a general curvature,—an exaggeration of the natural curve. In young children the ordinary S shape of the spine

is not observable, this coming on later in life from muscular action. In children the whole back is normally convex, but not as much so as here. There is also here a tendency to lateral curvature; this is simply from weakness. The child braces itself, when sitting, by supporting itself on its palms. The spine is convex to the right in the lumbar region, and convex to the left in the thoracic region. The lateral curvature is due to the rotation of the vertebræ on themselves, from the weakness of their ligaments. The other symptoms of rachitis are not as well marked here as we sometimes see them. The epiphyses of the long bones are often enlarged, giving a double-jointed appearance which is not well marked here. We have here, however, a tendency to "beading" of the ribs, which is especially well marked at the junction of the ribs with the cartilage. Sometimes there is a complete row of beads on both sides. This, when present, has been termed the rachitic rosary. The teeth in these cases are nearly always deformed.

The most important remedy in these cases is cod-liver oil, which may be given freely. This is of more value than all the braces and splints that could possibly be used. English surgeons use a great deal in these cases the hydrargyrum cum cretâ, or gray powder, and claim for it great value. Some preparation of mercury may be at times necessary, and if it becomes so you may use small doses either of gray powder or of blue mass; but the continued use of remedies of this kind is not to be recommended. In addition to the cod-liver oil the child should have good food and exercise in the open air, but especially passive exercise. In addition, a light spinal support should be applied, with a view simply of preventing the occurrence of deformity while the general condition is being improved. The important measures here consist in general constitutional and hygienic treatment; the use of apparatus is a secondary matter. In some cases, however, where there is a tendency to bow-legs, it is very important to use apparatus at an early period.

FOREIGN BODY IN TRACHEA—REMOVAL BY TRACHEOTOMY—DIFFICULTY OF BREATHING WITHOUT THE TUBE.

This young child, a boy, was admitted in a condition of extreme danger from the presence of a foreign body in the trachea. It was a case which required prompt and immediate treatment, which consisted in opening the trachea, when two foreign bodies—portions of a grain of corn—were ejected. Since then the child has had a slight attack of bronchitis, but has done perfectly well, except that he has not been able to dispense with the tube.

This might be owing to the presence of a foreign body in the larynx; but I think that it is due to the fact that when the tube is removed the tissues of the neck are sucked in, closing the trachea as by a valve. If by laryngoscopic examination we should be able to determine the presence of a foreign body in the larynx, it should be, of course, removed; but if a laryngoscopic examination cannot be satisfactorily made, we will etherize the child and remove the tube, watching closely in order to discover whether there is any real mechanical obstruction or whether the difficulty is due to spasmodic action. Perhaps when the child comes from under the influence of ether he will not notice that the tube is gone, and we may then be able to dispense with it. This tube here is the ordinary fenestrated tube. Immediately after the operation we used a silver tube, not fenestrated; but after this had been worn a little while the fenestrated tube was substituted for it, so as to allow the passage of air through the larynx.

TRANSLATIONS.

THE MODERN RADICAL OPERATION FOR HERNIA.—Dr. H. Leisrink has recently attempted the collection and analysis of all the published radical operations for hernia, his statistics covering 390 cases, many of which were personally communicated to him and are otherwise unpublished. His cases are divided into two groups, those in which strangulation had not occurred, and those in which the operation was undertaken for its relief.

In the first group he reports 169 cases of inguinal hernia (153 in males and 8 in females), 25 femoral herniæ (2 in males and 23 in females), 8 navel and abdominal herniæ (4 males and 4 females), in all 202 (79 per cent. males, 17 per cent. females). In the second group, where strangulation had occurred, there are 103 cases of inguinal hernia (74 males and 26 females), 77 femoral herniæ (11 males and 66 females), 7

navel and abdominal herniæ (3 males and 4 females), and 1 case of obturator hernia; in all 188 (46⅔ per cent. males, 51⅛ per cent. females). Operations for fæcal fistula and resection of the intestine are not included in these statistics.

In the first group the operation was successful in 184 cases (91 per cent.), 15 died, and of these sepsis was the cause of death in 9 (4⅔ per cent.).

Inasmuch as the author reckons that at least twenty-one days are necessary in herniotomy for healing by first intention, it follows from his tables that in 44 cases (21¾ per cent.) complete asepsis of the wound was not obtained. In the great majority of his cases the time for which the patients were under observation after the operation was far too short to exclude a return of the disease, while in 20 per cent. of the cases a return was reported; but in many of these the condition of the patients after the operation was much better than before. The mortality, however, in this operation is so large that the author believes that in cases in which reduction can be maintained by trusses, as well as in children and old persons, the operation is not advisable.

In the second group, where the operation was performed for strangulation, cure resulted in 155 cases (82½ per cent.), while death occurred in 33 cases (17⅔ per cent.), and of these in 6 instances (3⅙ per cent.) from septicæmia.

The duration of the strangulation, as might be expected, was of great influence on the result: thus, in 23 cases in which the operation was performed within fifty hours after the onset of strangulation, only 2 died (8⅔ per cent.), while in cases of longer duration 7 (33⅓ per cent.) died.

The hernia returned in only 8⅓ per cent. of the cases. The indications, therefore, are, when there are no special reasons against opening the peritoneal cavity, to perform the radical operation immediately after the relief of the strangulation.

As regards method, the author advises the slitting of the canal, extirpation of the hernial sac, and occlusion of the ring by stitching, while he is opposed to Czerny's method of ligature.—*Centralblatt für Chirurgie*, July 28, 1883.

A Fœtus remaining Fifty-Six Years without Change in a Case of Extra-Uterine Pregnancy.—M. Sappey, in a very interesting communication to the Academy of Sciences (*Courrier Médical*), reported a case that is probably without parallel in medical annals. A woman at 28 years of age became pregnant, but was not delivered. She carried an abdominal enlargement until she died at eighty-four years. At the autopsy a large tumor was found outside of the uterus, connected with the right Fallopian tube. The wall of the cyst was tough, and its surface calcareous and nodular. After removal the cyst was divided with a saw, and, very much to the surprise of the spectators, a fœtus of about seven months' development was found in its interior. During its long captivity it had been perfectly preserved, not having undergone any alteration. "It was in the ordinary attitude, the limbs flexed upon the trunk, the head inclined on the thorax. The pupillary membranes were completely developed, and fixed the age at from six to seven months. The cutaneous envelope, the superficial organs, as well as the viscera in the large cavities of the body, all the muscles and soft parts, retained their consistence, their suppleness, and their normal color. The fœtus, in short, presented all the features of an infant which had just gone to sleep." This case alone upsets the ordinary views with regard to the calcification and desiccation of the fœtus being necessary for the preservation of a fœtus retained in the abdominal cavity. According to Sappey, "infants which after their death are retained indefinitely in the abdomen of the mother owe their preservation to the physical conditions of their imprisonment, which give them a refuge from atmospheric germs."—*Gazette Médicale de Nantes.*

New Theory of the Origin of Bacilli.—Bouchardat, at the last meeting of the Paris Academy of Medicine, denied the specificity and contagion of the so-called tubercle-bacillus. He attributes these organisms to a fault of nutrition, as the result of which leucocytes acquire the power of transforming themselves into pathogenic bacilli.—*Berliner Klin. Wochenschrift.*

The New Antipyretics.—From some experiments made by Silvestrini, in Parma, he concludes that he is warranted in expressing some doubts as to the asserted indisputable antipyretic powers of kairin and resorcin.—*La France Médicale*, No. 43.

PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, NOVEMBER 3, 1883.

EDITORIAL.

THE NEED OF GOOD NURSES.

AS the art of medicine becomes more highly cultivated, the importance of the care of the sick, and of the hygiene of the sick-room, is gradually assuming a higher relative position in the minds of the profession. It is seen that the most successful practitioner is not necessarily the most scientific pharmacologist, but he who knows best how to order all things for the good of his patient; the most successful surgeon, not necessarily the most expert operator, but he who looks carefully after his patient both before and after the operation. In order that a physician may be well seconded in his efforts to keep up the hygiene of the sick-room to the proper standpoint, he must have an able and intelligent *locum tenens* in the nurse, who will not only see his instructions faithfully carried out, but will have sufficient knowledge and skill to anticipate and prevent transgressions which the physician may not have anticipated or could not foresee, yet which might otherwise be followed by serious if not fatal consequences. How many illustrations might be given where indiscretion or disobedience on the part of the patient or his care-taker has been followed by irreparable injury! The medical attendant in a dangerous case feels his responsibility, or at least his anxiety, immensely reduced when he knows that he has an expert and trustworthy assistant remaining near the patient, who can be relied upon to do his bidding in his absence. Prof. Gross, in a recent communication, sums up the character of the ideal nurse as follows:*

"The chief qualities of a nurse are perfect health, refinement, neatness of person, correct habits, kindness of heart, patience, power of endurance, a good temper, a discreet tongue, good judgment, and alertness of mind. Such a combination of qualities is rare, but where it is present, and has been improved by a rigid course of training, it fulfils the very highest requirements of the sick-room. Endowed with such an array of gifts, a nurse is capable of doing an amount of good in combating disease in a degree hardly inferior to that of the medical attendant himself. She diffuses light and courage and sympathy in all her acts and movements, and thus robs disease of half its fears and pangs."

* Medical News.

It needs but little reflection to show the value to the practising physician of a supply of such trained and trustworthy nurses drawn from the better class of society. It is therefore desirable that this vocation should be elevated to a higher position in public and professional esteem, in order that persons of refinement and good breeding may be encouraged to adopt it as a means not only of earning a respectable living, but also of rendering the most valuable service in their power to humanity. Among persons naturally devoid of these necessary qualities of tact and refinement, a little training, unfortunately, seems only to render them self-sufficient, obtrusive, and generally offensive, glossing over their native inefficiency with the merest presumption of knowledge. The sick can be spared from the officiousness of such care-takers only by the determined attitude of the physician.

Prof. Gross recommended, in a well-considered report upon the subject, made to the American Medical Association in 1869, that district schools of nursing should be established under the auspices of the County Medical Societies, the members of which might deliver lectures upon the science and art of nursing, including the elements of hygiene and other necessary information. At the last meetings both of the American Medical Association and of the Pennsylvania State Medical Society, he again called attention to this important subject, and offered resolutions, which were unanimously adopted, recommending the establishment in every county town in our States and Territories of schools or societies for the efficient training of nurses, male and female, the members of the

County Societies giving instruction either gratuitously or at such reasonable rates as should not debar the poor from availing themselves of their benefit.

In the words of the author of the resolutions, "trained nursing is rapidly assuming the form of a dignified profession. It is no longer a menial occupation, but an art and a science." So much importance does he attach to the plan he has proposed, that he declares he shall feel, if it succeeds, as if he had accomplished the greatest work of his life.

There has been, within a few years, a great revival of public interest on this subject in Europe, chiefly owing to the influence and efforts of Prof. Esmarch in Germany, the Princess Christian in England, the Society of the Red Cross, and the St. John's Ambulance Association: numerous Samaritan Schools have been organized, and courses of lectures have been delivered. It is true that these have had in view principally the rendering of first aid to the injured, and the treatment of emergencies; but the result has been to direct public attention pointedly to the care of the sick and injured. A society of this kind in New York has been engaged for more than a year in establishing branch societies throughout that State. Public lectures upon Emergencies, under the auspices of the Philadelphia Society for Organizing Charity, have been delivered, with great benefit to the public, in this city, of which the nurse-training schools have already a well-earned reputation. The present time seems a favorable one for extending these advantages to other places throughout our State and country. There cannot be too many good nurses; indeed, it is doubtful if the supply will be able to keep up with the demand when the community once learns to appreciate fully the value of the services of skilled attendants, whose judicious aid is always welcomed by the physician.

THE CELEBRATION OF THE HARVARD CENTENNIAL AT BOSTON.

THROUGH the well-directed liberality of some of Boston's principal citizens, a fund of three hundred thousand dollars was contributed for the purpose of providing a new building for the medical department of Harvard University. The gift was doubly welcome, being in recognition of the valuable services which this school had rendered to the community by its labors in the direction of higher medical education, and because the institution had outgrown the inefficient accommodations formerly provided for its purposes. The school having finished a century of usefulness, it was thought by its friends that the occasion could not be celebrated in a more fitting manner than by erecting a new Medical Hall, with lecture-rooms and laboratories fully equipped and adapted for the best methods of modern instruction.

The formal opening and dedication of this handsome building constituted part of the exercises of the celebration of the one-hundredth anniversary of the foundation of the medical school of Harvard University, held October 17, 1883. Cards of invitation were sent to distinguished members of the profession in other cities, a large number of whom were present, including Sir Lyon Playfair and Sir William MacCormac, of London, Dr. Osler, of Montreal, Dr. Mullin, of Hamilton, and Dr. Aiken, of Toronto, also many prominent American physicians.

The opening exercises were held at Huntingdon Hall, in the Massachusetts Institute of Technology, beginning at eleven o'clock A.M. by a brief address from President Eliot, who introduced Dr. Oliver Wendell Holmes, Emeritus Professor of Anatomy, the orator of the occasion. Dr. Holmes gave a short account of the early history of the medical school, followed by some personal reminiscences of his own college days, and of the distinguished men who had formed its Faculty at different

periods. He spoke of the progress made in the art of medicine within the last third of a century, and of the gradual growth of a knowledge of the true principles of medical science and of a healthier sentiment with regard to the relative value of drugging and hygiene. The address abounded in witty allusions, which were well relished by his audience, and his remarks were frequently interrupted by applause.

After the oration was ended, there was a presentation of a life-size painting of Dr. Holmes, in his professional gown, to the medical school, by Dr. Francis Minot in behalf of the donors, and of a marble bust of Henry J. Bigelow, by Hon. Samuel A. Green in behalf of the donors. They were accepted by President Eliot, who in the name of the University thanked the unnamed friends for these valuable mementos.

At this point in the proceedings Dr. J. Collins Warren, chairman of the Committee on Arrangements, invited the guests to repair to the new medical hall, on Boylston Street, near Exeter, where the remainder of the programme was carried out.

On entering the front door of the large and ornate building which hereafter is to be known as the Hall of the Medical Department of Harvard University, the visitors found themselves in a spacious vestibule surrounding the grand stair-way: upon these steps, about half-way up, the Faculty, with a few friends, formed a group, among which was the Rev. Andrew P. Peabody, D.D., who offered a brief prayer. President Charles W. Eliot, on behalf of the corporation, then, in a few words, formally dedicated the building to the purposes of medical instruction. Addresses were also made by Henry Lee, Esq., in behalf of the contributors, and Prof. Henry W. Williams, in behalf of the medical Faculty. A general reception was then held by the medical Faculty, and the subscribers to the building-fund, with the invited guests, partook of a fine collation. The Warren collection and other valuable specimens in the museum, and the various laboratories, were thrown open for inspection.

The building is of fine brick, well lighted, well ventilated, and fire-proof in construction: it was described by our Boston correspondent in our last issue. It seems in every way well adapted for the purpose to which it has been dedicated. No extravagance of architecture mars its usefulness for teaching, nor, on the other hand, is there any evidence that ugliness has been mistaken for utility.

In the evening a reception to the invited guests was given by the Faculty at Young's Hotel.

The weather, the occasion, and the address of Dr. Holmes were alike inimitable. Of Harvard, for the sake of the practical solution she is rendering of the problem of higher medical education,—and of all enterprises of similar character, wherever in this broad land they may be located,—we can heartily say, *Esto perpetua!*

CLINICAL TEACHING AT THE UNIVERSITY OF PENNSYLVANIA.

IN the notice of medical teaching in Philadelphia, contained in our last issue, the list of the Faculty of the University of Pennsylvania is incomplete: it should have contained the names of William F. Norris, M.D., Clinical Professor of Diseases of the Eye; George Strawbridge, M.D., Clinical Professor of Diseases of the Ear; and Louis A. Duhring, M.D., Clinical Professor of Diseases of the Skin, all of whom have been teaching at the University for many years.

Prof. Horatio C. Wood, M.D., is Clinical Professor of Nervous Diseases, as well as Professor of Materia Medica, Pharmacy, and General Therapeutics. This clinical course, with practical bedside instruction, likewise, in Medicine, Surgery, and Gynæcology, is made a special feature of the third term of lectures.

NOTES FROM SPECIAL CORRESPONDENTS.

CINCINNATI.

AS the schools have settled down to their winter's work, it is proper to devote this communication to a consideration of their methods. There are three regular medical colleges in this city. The Medical College of Ohio is the oldest, and is the only one at present a member of the American Medical College Association. The number of students in attendance this year is not quite three hundred, but the students in this, as is also the case with the other colleges, are not all in yet. There has been an advance in the requirements for graduation, so that now, in addition to the Association requirements, all students are required to attend hospital clinics each year of their attendance at college, and each student is required to dissect each of the three divisions of the cadaver.

This college pays special attention to its out-door clinical department. There are six clinics in daily operation, in which an average of over two hundred patients daily are treated. The students are here permitted to handle the patients, to make physical examinations, and to diagnosticate the cases. Two or three students find work as assistants in each of the clinics, thus bringing them into more intimate relations with the work. The practical courses in chemistry, histology, and pathology are well attended, each year increasing the number of students taking these extra branches. Then there are private quizzes, classes in physical diagnosis, in ophthalmology, in laryngoscopy, in operative surgery, and obstetrics. During the year several cases of obstetrics are brought before the class in the large amphitheatre for practical demonstration of the process of parturition. This college has complete control of the Good Samaritan Hospital.

The Ohio Medical College was founded in 1819, making it one of the oldest colleges in the West.

The Miami Medical College ranks second in point of numbers,—it having not quite one hundred students in attendance. The inducements offered here are very similar to those at the Ohio. The Faculty, not having any hospital of their own, pay especial attention to the large City Hospital. Their out-door clinics have been recently extensively enlarged and a set of intelligent young men placed in charge. Their practical departments consist of anatomy, chemistry, and histology: at the head of each is placed an active, qualified young man who carries much enthusiasm with him into his special department.

The Cincinnati College of Medicine and Surgery has had rather a variable career. It is the second oldest college in the city, and until recently has been conducted as a first-class institution, but its chief value now seems to be as an advertising medium for the Faculty. It has not a half-hundred students in attendance, and, as the tuition is only thirty-five dollars (the tuition in the other schools is seventy-five dollars), it cannot in any sense adequately pay money to its Faculty. Some of the most prominent members of the Faculty reside outside of the city in neighboring towns and villages, and for them it is quite a big thing to come into the city twice a week to lecture,—and it doubtless adds not a little to their local fame.

In addition to these three regular colleges, there are four irregular: two of these conduct lectures from five to eight months in the year, a third has lectures occasionally, and the fourth is simply a diploma-mill.

From all of these institutions, about two hundred graduates are poured out each year, about half of whom come from the Ohio Medical College.

If the hospital and clinical material were well utilized, two good colleges could be well supported; but I fear the multiplication of colleges comes from the selfish desire to be a "professor," instead of honest "doctor."

The Cincinnati Hospital ranks first in size. It contains five hundred and four beds, arranged in eighteen wards. The hospital is an imposing structure, architecturally speaking, and is built around a hollow square in a way to afford in each ward ventilation from the four points of the compass.

There is an amphitheatre at one end of the hospital, capable of seating three hundred students, where clinical lectures are delivered by the staff six mornings in the week for five months, while the colleges are in session. Students from any medical college in the city can attend these lectures by paying five dollars, which amount goes into the hospital library fund.

No bedside instruction is allowed in this institution, and, as a consequence, while our citizens pay eighty thousand dollars a year for a hospital, but little good, clinically speaking, accrues to the medical students of the city. Six resident physicians are chosen each year by competitive examination to serve for one year without salary. They are furnished lodging, washing, and board by the hospital, and are under the direction of the medical staff. They rotate in service, so that in the year they get four months in the medical wards, four months in the surgical, two months each in the obstetrical and ophthalmological. These six internes really get all of the clinical instruction which this great hospital affords. Two or three members of the staff have overstepped the rules and take small classes through the wards once or twice a week, but they do this only at the risk of having their official heads cut off. There is probably less clinical material utilized in this hospital, in proportion to the amount present, than in any

other large hospital in the civilized world. As a consequence, numbers of our students are driven abroad yearly to get what is denied them at home.

The Good Samaritan Hospital is under the charge of the Faculty of the Medical College of Ohio. It contains nearly two hundred beds, including the Marine's. The best and largest clinical amphitheatre of the city is in connection with this hospital, and only students of the Ohio Medical College are admitted. Bedside instruction is also here a secondary matter, although it is better utilized than in the City Hospital. Many of the Faculty of the Ohio Medical College send their private operating cases here, so that the number of major operations here is about equal to the larger City Hospital. Three internes are selected from the graduating class of the Ohio Medical College each year to serve for one year in this hospital on nearly the same terms as the City Hospital internes.

The St. Mary's Hospital contains two hundred and fifty beds, and is not connected with any medical college. The staff is composed of eight distinguished medical gentlemen of the city, headed by Charles S. Muscroft, Sr. All of the nursing and inside attendance is done by the Sisters in charge, and Dr. Muscroft assures me that it is well done. The clinical material of this large hospital is not utilized at all in the way of the instruction of students.

There is also a Jewish Hospital in the city, containing about seventy-five beds, but it is not thrown open to the public in any way.

Thus it can be readily seen that while there must be an abundance of clinical material in the hospitals of Cincinnati, yet it is utilized in about the poorest possible manner. Tens of thousands of dollars are thus driven to Europe each year which could much more profitably be expended here, were things not as they are, but as they should be. A. B. T.

CINCINNATI, October 15, 1883.

CORRESPONDENCE.

LONDON LETTER.

THE work of another session has commenced at the medical schools, which in London, at least, start with a reasonable number of subjects for dissection, in which there has been an unfortunate scarcity of recent years. But the parochial undertaker has been checkmated at last, and mock relatives are at a discount; and the corpses of our social failures are more useful after death than their owners were in life. Anatomy is going to have a full swing this year. The introductory addresses have been delivered at the different schools, and are scarcely of a very high order of interest. Still, such addresses have a value, and an abstract of some of them may be of interest. At St. George's Hospital the address was given by W. H. Bennett (Assistant Surgeon), in which he considered "The Social Position of the Medical Profession." He compared it with that of the church, the army, and the law. With regard to the first two, he held they possessed attractions which medicine could never attain. He held the law to have more allurements. He quoted from a writer of high social standing, "This choice of a profession is not an easy matter, when, as a rule, the church, the army, the bar, and the diplomatic service are almost the only four professions open to a young fellow." Medicine is conspicuous by its absence. (How different it is on your side of the water, where the ranks of medicine contain scions from some of your best families!) He went on to say the law was patronized far more freely by society of a certain rank than was medicine. For this he thought there were two main reasons. The first was that a certain portion of our work was of a "menial" kind, and repulsive. Especially was this last connected with the early part of the educational career. The other was that a medical man was never free from the fetters of his business, and was constantly at the call of the public; while the recognition of medicine by the State was very small. Then, of course, the "political powerlessness of the profession" came in for recognition. He then discussed the position of consultants, and said, "For there could surely be nothing more lowering to the social standing of the profession than commercial competition between those who should be its leaders and those who formed its general working body." At King's College, Dr. Acland, F.R.S., insisted upon something more than "a wholly secular and materialistic education." For reasons which he need not then relate, the Medical Council had abstained from entering upon this stormy topic in its recommendations on general education; but, in his opinion, the importing religion into scientific teaching was fraught with danger both to religion and to precise knowledge." Certainly the introduction of a religious sisterhood into the working of King's College Hospital has been fraught with disaster, if that has anything to do with the question. At St. Mary's Hospital the address was delivered by that respected veteran of the profession, Dr. Handfield Jones, which was mainly of strictly local interest, relating to the school and its history and prospects. At the Middlesex Hospital, Mr. Pearce Gould referred to the recent Royal Commission as to the profession and the late Bill. He sat upon the corporations "which have degraded the profession and have deceived the public." (Those naughty corporations, which, amidst scorn and condemnation, live on, pretty much after the theory embodied in a North-country proverb,—viz., "The devil

gives long leases to those he is sure of"). He then pointed out how much had been done of late years as to the localization of disease and the local effects of disease, but warned his hearers not to be tempted to devote an undue amount of time and attention to these matters, to the exclusion of general pathology. At the London School of Medicine for Women Dr. Horatio Donkin selected as his topic "Popular and National Therapeutics,"—just about the last subject one would imagine to choose for the ladies. "To the treatment of symptoms as if they were diseases might, indeed, be referred almost all forms of quackery in medicine," he told the gentle sex. But how to treat softening tubercle, for instance, without "treating symptoms," as it is called, for the life of me I cannot tell. If one cannot wrestle with some of its constitutional effects, what can one do for the hapless patient? But, however, it is not my duty to be judicial. At Queen's College, Birmingham, the address was delivered by Bennett May, F.R.C.S., and at Owen's College, Manchester, by Professor Arthur Gamgee, F.R.S., who pointed out how Owen's College had been united to the Manchester School of Medicine. He then described the position in which they stood to the new Victoria University, an examining and degree-conferring institution. Prof. John Tweedy, at University College, pointed out with pride the roll of illustrious names from (my kinsman) John Elliotson downwards. He insisted they must be medical men first and University College men afterwards. He gave his hearers some sound practical advice about how to pursue their studies in the most profitable manner. At this point he insisted upon the importance of maintaining the health during the years of study. As to the practitioner, he quoted Guy of Chauliac: "A surgeon should be learned, expert, ingenious, and well-mannered; he should be bold when sure, cautious in danger, kind to patients, gracious to colleagues, modest in giving an opinion, chaste, sober, pitiful, and merciful, and not greedy of gain,"—which shows that old Guy knew very well what was desirable in a surgeon; and I trust a goodly proportion of Mr. Tweedy's audience will strive to live up to this high standard. By far the most original and interesting address was that delivered at the Leeds School of Medicine by T. Clifford Allbutt, M.A., M.D., F.R.S., the well-known physician of that town, on "Medical Study and Practice." He began by referring to the freedom attained on leaving school for a calling, which, he said, tempted to extravagance, which their professor of physiology would tell them was that waste of power which may be but a condition of new growth. "O young men, why will you buy your experience so dear, when we are crying wisdom in the streets for naught? Let us who have passed your day never have to look with sympathetic sadness upon opportunities unseen, upon chances slipped away, upon time wasted and wasting you again, upon squandered wits and powers dissipated." Then as to the want of organization in the profession. "If organization is to mean the dictation of creed-mongers and the suppression of all intellectual variety, then I for one am content to be disorganized. If political power means the setting up of some medical semaphore in one or other House, who may consent to utter only our shibboleths and take from us his sole political color, then I for one am content to be politically powerless." He then spoke of the position of the "general practitioner:" "Did the members of any other profession ever seek odium, and even rancorous enmity, by persistent efforts to cut down their own incomes in the interests of their clients? To speak plainly: enteric fever, for instance, was worth perhaps a steady hundred a year to many a town or country practice,—not counting the luck of epidemics. Now, hundreds of doctors—you know many of them yourselves—in human pity have striven to suppress this and other maladies, spoiling their own incomes, and earning, not the thanks, but even the curses of the public; offending not the poor, but the rich,—the landlords, the thriving farmers, the Poor-Law Guardians,—the class upon whom the rest of their shrunken practice must depend. Again, in the quiet heroism of daily life these same men and their brethren labor day and night for sick and suffering persons who can never repay them with money. Some walk in the squalid and hideous places of large towns, others among the poor widely scattered over moor and fell. I said to one of these, as I pointed to a vast mountain-side deep in snow, 'How do the poor fellows up there get aid in winter?' 'Oh, we have to go somehow,' he cheerily replied. 'And how are you ever paid for such labor?' 'Never,' he said. 'But there is no doctor for seven miles on that side, for five miles on that side, nor even for ten miles on the other; and if an old chap gets a strangulated hernia in the middle of the night up there, one is bound to go.' I silently took my first-class seat in an express-train homeward, with a check in my pocket, thinking, 'And these are the men who are called the "lower grade" of the profession, and who are not fit even to vote for their own Colleges of Physicians or Surgeons!'" Then he went on, "Such, then, is the body of men in which you are to be enrolled,—men who would not be human had they not faults also. Let me warn those of you now entering practice against some of these. Our worst fault is, I fear, that we are a somewhat touchy and jealous class. Our cousins at the bar set us a contrary example, to our shame. We work under conditions which tend to breed distrust. Unlike the bar, we do not play with our cards above the table. In our more intimate work

it is terribly easy for one doctor, by little intangible tricks, to elbow out or depreciate another. Then, for the same reason, the public often fail in loyalty and candor with us, and work mischief in their own little ways. Difficulties would often be avoided if we were not too often disposed to assume some property in our patients, and to think because they come to us at times they have no business at other times to consult some other man. It is not fair to put business of any kind into the hands of two men at once without a due understanding between them. But we must not go beyond this and say that a man has no right to consult whom he pleases and deny his right to be the judge of his own interests." As to calling of consultations, he said wisely, "I find it is the best men who seek consultations, and the less capable and those more ignorant of the world who shirk them. How clearly men who have been in practice realize this! but the young beginner does not see it." Then he urged them if they have any grievances among themselves never to write letters to professional brethren: "Charges are thus made without reserve; words easily used on paper which would have lingered on the lips, but which cannot be recalled; the favorable influence of man on man is lost, and a lifetime may hardly hold mischief, which in a personal interview would have gone piping down the wind. Medical etiquette is good behavior, and our rule the golden rule of doing as we would be done by,—of acting candidly and considerately towards ourselves and towards the public. Looking only to the happiness of our lives, what more fatal poison can you have in your cup than a chronic ill humor? What more irksome way than to meet your medical brother daily in the street with sulky look or neglect? An ill-bred fellow once told me it was the doctors' wives who kept their husbands so often at loggerheads,—a fellow whom I need not say that I have no hope of, and whom I only name to reprobate. As to your patient, put yourself in his place. What you calmly regard as an incident of your daily work is to him, perhaps, the life of a parent or a child. If he lose his heart in his fear, small blame to him; if his alarm or agitation lead even to some hasty and irregular action, I say again, put yourself in his place. He does not know, as you do, either your cleverness or the vanity of his fears. A cripple more or less, a gravestone more or less, is nothing to the solar system, but it is all the world to him. A doctor is no less liable than another man to be called upon to explain himself, and the ruthless test of cross-examination has taught us to distrust big words and feel that if we cannot make a thing clear to an intelligent layman, then we do not know it ourselves. A shake of the head and a dark allusion to the liver will not now satisfy an intelligent patient, nor ought it to do so. Avoid infallibility. There is no better test of a man's knowledge than his neat delineation of the shore-line of his ignorance. As a rule, a patient calls on you for information as well as skill; and, while you are incapable of brutal frankness, your sympathy will be wise enough to teach you to give your opinions candidly and clearly." Then, turning to the matter of medical study, he said, "The best doctor is the best artist, and the best medical artist is the master and not the servant of his sciences. Those practitioners who complain that we turn out men nowadays who possess wide scientific knowledge but are no medical artists, have right with them. They feel that a less learned assistant gains with them a facility in dealing with exigencies which puts the much-pondering prizeman to shame in the sick-room. Able and well-meaning young men get lost in the faddy therapeutics so much in fashion to-day; and while balancing the hourly drop of digitalis against the half-hourly half-drop of aconite, they vacillate and lose time, if they do not miss altogether some broad features of their cases which would have been plain enough to their father's surgery-boy. I will be bold enough to question whether a doctor may not think too much about his cases."

"A nice old lady once told me her doctor was so precious to her, he lost, indeed, his sleep of nights in thinking over her symptoms. I strongly suspected that doctor to be a lying humbug. So important are the intuitive appreciation of the main factors in a case, the relations between them, and their tendencies, that, without these, reliance on those facts which are at once more precise and more limited may be positively misleading. Students and young practitioners rely, as a rule, far too much on their preciser data, and so far the discovery of instruments of precision has some temporary disadvantages. Because they find albumen in some urine which measures up to a substantial quantity, they cry out, Bright's disease! or sugar, and they cry out, diabetes! or a patient who has had a stationary mitral murmur for years, and may have it for many more, comes to the doctor, who applies first a simple stethoscope, then tries to get to the inner meaning of it with a double-barrelled one, and forgets the while that it is not the instrument but the man at the rear end of it which counts. All his mind, however, he sends down the tube, and leaves none for the patient's own story, none for an estimate of the tone of the circulation in the several organs, none for the contours of the chest and its districts, none for the many little common-sense probable inferences which the case should offer him. He rushes to the alarm of heart-disease in all its terror, which, if not literally, is practically true." (How accurate Dr. Allbutt's statement here is the writer is in a position to know.) He continues: "Now,

gentlemen, not in heart-disease alone, but in the whole field of medicine there is no exact datum of any instrument of precision—nay, not even of the thermometer—comparable in value to the inexact suggestions of the radial pulse, taken not by the sphygmograph, but by the erudite finger. In enteric fever, for instance, the qualities and fluctuations of the pulse are far more trustworthy signs than the variations of the temperature. Take away from me my instruments of precision, and you cripple me; deprive me of my touch of the pulse, and you blind me." Then he puts in a kindly word for the dunces of the school. They have to be looked after by class-rolls and weekly tests. They cut a poor figure at the College of Surgeons, but, although some may be dullards, the majority are not so; they mature later, and attain a solid success, while retaining a cheerful, hopeful, manly disposition which attaches and invigorates their patients. "A country practitioner once drove me ten miles to see a patient, and on our way he discoursed me as ably on the geology of the district as upon the difference between a reef-knot and a granny, and upon the true construction of a claret-cup. I knew he must be an admirable doctor, and I strongly suspect that in years gone by he was a dunce."

Oliver Wendell Holmes evidently does not stand alone in his opinion about "late pears." Nor is it the quick-witted rather precocious youngster who runs off with the prizes at school and college that makes the successful man of later years, whose judgment is trusted by all who know him. Dr. Allbutt's address is one which is at once original and to the point.

J. MILNER FOTHERGILL.

PROCEEDINGS OF SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

A CONVERSATIONAL meeting was held, September 19, 1883, Dr. William M. Welch, President of the Society, in the chair.

STRANGULATED FEMORAL HERNIA IN A MAN.

Dr. William R. D. Blackwood read the report of an interesting case of strangulated femoral hernia in an aged patient, successfully operated upon.

Mr. B., aged 73, tall, thin, but bearing his years well, and with a previous history of good health, was taken ill with supposed cholera morbus on Saturday, August 11, 1883; but from the suppression of alvine dejections shortly after the seizure, and the rapid change of the vomited matter to a manifest stercoraceous fluid by the time his family physician, Dr. John Ivison, saw him, the diagnosis of the family was set aside for one of more grave nature. The gastric distress was very great, the desire to vomit urgent, and the act occurred at short intervals. Previously to his illness the gentleman had been extremely constipated, and the amount of liquid and semi-solid fæcal matter ejected per orem was simply inconceivable, except to those who saw it. At each instance of vomiting a fair-sized wash-basin was half filled, and the total quantity thrown up before relief ensued was, to speak within bounds, fully three gallons, showing the enormous distention of the intestine which may occur in chronic constipation.

The case was believed to be one of obstruction, with possible invagination of the bowel, and efforts were made towards overcoming the difficulty and obtaining an operation in a normal direction, but without success. The question of strangulation by hernia was not at first accepted, because, although there existed an evident swelling at Poupart's ligament, the size of it was so small as to be taken for an enlarged gland, the patient having had glandular enlargement previously. There was no local *pain*, no *tenderness*, no *tension*, no *dragging* sensation at the site of the swelling, no tympanites: in short, the usual local signs of strangulated hernia were absent. The little tumor, also, was movable to such an extent as to easily deceive one, even when closely examined. The doctor having asked my opinion as to the condition of the patient, we saw him together, and I coincided with him as to the difficulty in stating positively to the family the evidence of hernial strangulation; but, as the patient was rapidly sinking from exhaustion, we decided to make an exploratory incision and determine the nature of the enlargement, the justice of this being explained.

The patient was etherized, and, after cutting down to the sac, the mass was found to be an entero-epiplocele. The sac contained very little serum, and, considering the fact that strangulation had doubtless existed for at least thirty-six hours, the bowel, though highly congested, was in good condition. The gut was tightly nipped at the crural ring, and was nearly empty, which accounted for the small size of the tumor. The hernia was internal to the femoral vessels, but closely adherent to them. It was reduced with some difficulty, and pushed far up to clear the deep thrust of the needle in closing the wound. The stitches, four in number, were deeply taken, and the ring obliterated as nearly as possible. A compress of lint, wet with a mixture of Canada turpentine, oil of sweet almonds, carbolic acid, and glycerin (an excellent dressing), was applied under a spica bandage of the groin, and the patient made comfortable in bed. He reacted well from the operation, vomited freely once thereafter, and in an hour and a half passed an alvine dejection without pain or difficulty. The appetite returned moder

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ately at once, food was well retained, and his strength returned nicely. For forty-eight hours the wound did well, healing for one-half its length by first intention, but then inflammatory action set in and free suppuration ensued. In a week, however, the wound had closed, and the old gentleman was able to walk his room with comfort.

The diagnosis of femoral hernia is at times not easy, being, as here, liable to be confounded with enlarged glands or localized varix of the saphena. There was no impulse on coughing, no effort at reduction affected it, and, excepting only the very small tumor, all the local signs of strangulated gut were absent. The advanced age of the patient was against him, and his depressed vital power was a bad factor. The result shows the value of exploratory operation under the circumstances, and I believe that the attendant is unfaithful to his patient if he does not insist upon it in every suspicious case. The wound is of little account: it does not enhance the danger, which is already imminent, and it may, as here save a valuable life.

Dr. Blackwood also exhibited a recent specimen of atrophying scirrhus of the mammary gland.

Dr. Charles M. Seltzer presented a specimen of aneurism of the posterior part of the ascending thoracic aorta, taken from a convict, 35 years of age, which had escaped detection on careful examination during life.

Dr. Benjamin Lee exhibited some curious mucous casts, resembling tape-worm, which had been discharged by a young lady who had been subject to hemorrhoids and hemorrhages from the bowels.

A CONVERSATIONAL meeting of the Society was held at the hall of the College of Physicians, Philadelphia, September 26, 1883, the President, Dr. Wm. M. Welch, in the chair. Dr. Henry Leffmann read a paper entitled "The Duty of the Hour."

DISCUSSION ON THE RELATION OF THE MEDICAL PROFESSION TO THE GENERAL USE OF ALCOHOLIC LIQUORS.

The President stated that the points presented for discussion were:

1. That the use of alcohol in any form and in any amount by persons in ordinary health is deleterious.

2. That the medical profession, by its lax attitude on this question, is responsible for much of the prevailing abuse of alcoholic liquors.

3. That if alcohol is to be used at all, it should be given as such, and the prescription should be made non-renewable, as with other powerful medicines.

Dr. J. T. Eskridge, in opening the discussion, said that Dr. Percy's experiments showed that the free use of alcohol tends to prevent the solidifiability of fibrin, and thus renders wounds difficult to heal; and those of Vierordt and Prout, that less carbonic acid is given off in the exhalations by the breath under similar conditions. Bouchardat first pointed out that alcohol darkens arterial blood. These results were obtained by experimenting upon subjects whose stomachs had been overcharged with alcohol, or into whose veins the spirit had been directly injected. They show the poisonous effects of alcohol, and, reasoning from these, it by no means follows that the administration of small quantities well diluted is injurious to health. But observations are not wanting to prove the evil effects of alcohol on healthy persons when taken in small quantities for a considerable length of time. Prof. W. B. Carpenter, a strong advocate of temperance, in his admirable prize essay on the "Use of Alcoholic Liquors in Health and Disease," after describing the baneful effects of alcohol on mind and body, frankly admits that its temporary administration to persons in health, on certain extraordinary occasions, is attended with decided benefit. Prof. Miller, of Glasgow ("Alcohol: Its Place and Power"), arrives at conclusions almost identical with those reached by Prof. Carpenter.

I am satisfied that persons in health, under ordinary circumstances, do not need an alcoholic stimulus, and that, if its administration is attended by no good results, evil only follows the use of alcohol at such times; but, on the other hand, I am convinced that circumstances do arise when, if alcohol is properly administered to persons in health, its good effects far outweigh its evil, and that there are conditions, short of what we are accustomed to call disease, which are improved by the temporary and judicious employment of alcohol.

Bodily and mental labor that cannot be endured without resorting to artificial stimulants had better be left off; but times come in the history of many persons when they are not their own taskmasters. A great deal may depend upon a few hours' work. Tea and coffee may not be sufficient stimuli; and a little alcohol taken at these times will allow an extra strain being made upon the system. The use of alcohol must not be often repeated for the purpose of increasing the power of endurance. It must be remembered that a stimulus in these cases acts the part of the spur to the tired horse. It probably does not directly add force to the individual, but it enables him to call more upon his latent powers, and, of course, the exhaustion which follows is all the more profound by reason of the extra strain upon the vital forces, made possible by the use of alcohol.

Again, the appetites of some persons have been rendered capricious and those of others lessened, and the power of digestion weakened, by worry and over-mental exertion, so that

the simplest articles of food cannot be digested properly. To such the administration of a little wine, with a bitter tonic, before meals, for a week or two, and subsequently a bitter tonic given before meals, and wine during or immediately after the ingestion of food, is followed by admirable results. In all these cases the use of alcohol must be cautious and temporary, and not allowed to be continued longer than is absolutely necessary. I agree with the statement made by the reader of the paper to-night, that below sixty years of age a person is generally not benefited by the use of alcohol in health. I know, indeed, of a case in which it did not become necessary to resort to it before the ninetieth year.

In regard to the use of alcohol in phthisis, to which a casual reference has been made, I have very strong convictions of its value when properly employed. In this disease, when pulse is rapid and temperature considerably elevated, alcohol is contra-indicated; but in the more chronic cases, when respiration is difficult, and pulse and temperature nearly normal, its beneficial effects in prolonging life are evident to every one who has given it a fair trial. Prof. Flint speaks in the highest terms of alcohol in phthisis.

As a preventive of phthisis, alcoholic stimuli have their place and power. It is well known that, in the same family, several children, whose parents have suffered from phthisis, may die from this disease at about the same age. For these persons, if alcohol is occasionally employed judiciously whenever vital force falls below its normal in them, I have no doubt that in many instances the fatal disease might be prevented.

To the second proposition I may say that I do not know of any case in which the use of alcohol in disease, under direction of a physician, gave rise to drunkenness. Some time ago, Dr. Hamilton, in a discussion before this Society, mentioned a case in which a patient became a drunkard in consequence of the use of alcohol in typhoid fever, but it appeared on further inquiry that the man was an habitual drinker before the disease occurred. Lax prescribing, however, may easily become a serious error. It is important that, if alcohol is ordered, the quantity, form, and time of taking should be indicated. It should be taken only at meals. This periodic and formal use of it will make the patient willing to stop when required. I admit that if we consider that alcohol is injurious in health we must regard its use in social gatherings, and especially in those composed of medical men, as wrong.

In reference to the last point I cannot speak from experience. If the adulteration is as extensive as pointed out in the paper, then the author's view, that alcohol should be used as mentioned, is correct. I, however, doubt that we can make, extemporaneously, mixtures which will take the place of natural liquors.

Dr. Mills said: I would not wish to be regarded as an advocate of anything else but temperance in the best use of the word, but the question of the influence of the moderate use of alcohol upon intellectuality and the longevity of intellectual workers is one of considerable interest, from what might be termed a biographical point of view. During the International Medical Congress of 1876, one of the English delegates expressed the opinion, in words which I do not exactly recall, that the intellectual productions of men who did not use alcohol at all were not of a character to indicate the value of abstinence. Many distinguished men who have lived to a comparatively advanced age—the English Lord-Chancellors, German thinkers, and well-known American statesmen, for instance—used alcohol in moderation throughout their lives. I simply introduce this point for discussion. About the evils of the abuse of alcohol no doubt can exist.

Dr. Wood: I consider the first proposition advanced by the author of the paper to be untrue: it is entirely too sweeping. To say alcohol is deleterious in *any* form and in *any* quantity in health is to say that one would be injured by simply smelling a bottle of whiskey. I am fully convinced that we do not need alcohol in health, but indulgence in it moderately, on occasions, is probably no more hurtful than over-eating. I have seen, at social gatherings, total abstainers who, while standing apart from the general company and congratulating themselves upon their superior virtue in not indulging in stimulants, gorged themselves beyond repletion with the food set before them, much to their stomachs' distress.

The moral question involved is the old one of use and abuse: Whether we must forego the use of a thing because some one else abuses it, and are we to abstain from a certain amount of pleasurable indulgence because of the example which that indulgence offers to others? I do not believe in attempting to force total abstinence, because I do not believe that the movement will accomplish the desired result. Not long ago I was travelling in Kansas, and I met a prominent prohibitionist, a member of the Central Committee of the State, whom I questioned about the success of the prohibition movement, asking, *inter alia*, if they had destroyed the grape industry, as the law directed, in the wine-making districts. He replied that they did not expect to do this in those places. Here was an admission of the weakness of the cause; for where the manufacture and use of wine are now most active was the least hope of abolishing it. In the same car was a travelling salesman on the verge of delirium tremens, and I asked him as to the effect of the liquor-laws in Kansas. He replied, "I can get a drink of whiskey anywhere in Kansas for fifteen cents." The Scandinavian method of

dealing with the temperance question seems to me more practicable. In Sweden and Norway the country is divided into districts, in each one of which only one tavern is allowed. The licenses are sold at public auction. The temperance people have combined and bought up the licenses. They are obliged to open the tavern, but they can adopt such regulations as will prevent the excessive use of alcohol by those who frequent the place, and also employ all moral means to persuade men not to drink at all. I do not think that the adulterations of liquor are as harmful as has been stated by the lecturer. Liquors and wines are artificial products always.

I think that good liquors can be easily obtained. I do not agree with the proposition that medical men are responsible for the habit of drinking to excess: on the contrary, the example and teaching of the medical profession have done much to diminish the evils of intemperance.

Dr. O'Hara: In reference to the remarks of the last speaker, let me read the following from Richardson's "Induced Diseases of Modern Life," page 232: "Speaking honestly, I cannot, by any arguments yet presented to me, admit the alcohols by any sign that should distinguish them from other chemical substances of the paralyzing narcotic class."

If this view be correct, we can have no doubt that alcohol is injurious in health, and that it does not serve as food. We are too much under the ideas of Liebig in this matter. For my part, I cannot see that the total-abstinence movement is a failure, or that the views advanced in the paper are erroneous. They are the views which have been advocated by high authority, in the International Medical Congress in 1876, and other scientific bodies, for instance. The medical profession may be responsible indirectly for much of the excessive drinking, through the erroneous idea, now passing away, that it was food.

I have myself learned by experience the evils of too much confidence in alcohol, when I thought it was food, and now watch it closely as a medicine. As to the cases narrated by Dr. Eskridge, they cannot be regarded as cases of healthy persons, and the use of alcohol in the treatment of them is a question of therapeutics, not of hygiene.

Medical men may certainly accomplish a good deal by the teaching influence of example.

I recall an instance in which brandy was used for dyspepsia: the patient, it is true, got rid of the dyspepsia, but he complained frequently until the day of his death, which was superinduced by liquor, that he made a bad swap and would rather have held on to his dyspepsia.

The conclusions of Dr. Hunt's paper were adopted by the International Medical Congress, 1876, and ordered to be transmitted to the National Temperance Society, the Women's National Christian Temperance Union, and the Friends' Temperance Union of New York. They were:

1. Alcohol is not shown to have a definite food-value by any of the methods of chemical analysis or physiological investigation.

2. Its use as a medicine is chiefly that of a cardiac stimulant, and often admits of substitution.

3. As a medicine, it is not well fitted for self-prescription by the laity, and the medical profession is not accountable for such administration or for the enormous evils arising therefrom.

4. The purity of alcoholic liquors is, in general, not as well assured as that of articles used for medicines should be. The various mixtures when used as medicines should have a definite and known composition, and should not be interchanged promiscuously.

Dr. Tyson: This question is one very difficult to discuss; both parties are apt to go to extremes. Dr. O'Hara's remarks are a case in point, for the injurious effects to which he alludes are the effects of the use of alcohol in excess and not in moderation. It must have been the experience of all practising physicians to see many cases which are benefited by the moderate use of alcohol, especially at meals, while in many aged persons its use is very appropriate, and even necessary. I am not prepared to deny altogether the correctness of the second proposition offered in the paper. I think there may be some ground for it, yet I do not know a single case in which the recommendation of the use of alcohol in disease has resulted in establishing a habit of drinking. I recall a case in which a gentleman was advised by a non-medical friend to use whiskey for dyspepsia. It was tried, and, finding good results from it, he continued using it in small amounts daily: the use was kept up until one day the patient found the bottle empty. He missed his usual dose so greatly that he was forced to realize that he had been drinking, and never used the liquor again. It may be laid down as a rule that it is not safe for physicians to advise the regular use of alcohol for dyspepsia: it may lead to a habitual use of stimulants. As to the third point, I think that, in view of the fact that it is still possible to get pure wines, especially if we are satisfied with domestic wines, the flavor and other properties which made them more acceptable to the patient justify their continued use; but I for one am willing to try the effect of pure alcohol, properly diluted, in cases where alcohol only is indicated.

Dr. Hamilton: Moderate drinking, it must be remembered, is very often the road to immoderate drinking, and therefore the physician, whose influence in this connection is paramount, should sedulously avoid the too frequent and too liberal use of liquor, especially in young subjects. In the low forms of fever, or in chronic wasting disease, such,

for instance, as pulmonary consumption, to which allusion has been made, it is often of great advantage, and in the latter disease, where expectoration is profuse, but unaccompanied with much fever or difficulty in breathing, it may prolong life for an indefinite period. The custom of drinking in the wealthy and fashionable circles may still be said to prevail with tyrannic power, and in ordinary social reunions the same practice is common. The influence of wealth and fashion is dominant, and, until some amelioration in this connection is manifest, no general temperance reformation need be looked for in the people at large.

The allusion to the adulteration of wines and stronger liquors was deservedly made, but it occurs, doubtless, much more frequently in regard to the finer and more costly than to the cheaper liquors, and the perfection to which this adulteration has attained is simply notorious.

Dr. James C. Wilson: I am much pleased to see this subject before the Society. It is a subject which ought to be agitated, because the agitation will bring out the truth. I think that the propositions rather overstate the case, and somewhat weaken the points advanced. Independently of law, church influence, and local politics, a wide-spread popular sentiment is developing in favor of temperance, but not of total abstinence. A feeling against excessive indulgence is growing steadily in the community. It is now considered "bad form" to drink to excess at social gatherings, and young men especially are much more restricted than formerly. The three-bottle men of earlier days are now unknown. It is, however, going to an extreme to put the proposition that the use of alcohol in any form, and to any extent, is deleterious. Many persons can use alcohol in moderation, and derive comfort from it, without injury. I do not agree with the second proposition. Respectable medical men are not lax in their attitude on this question, but are accustomed to caution their patients in regard to the dangers of the use of alcohol. Most of them direct the amount to be taken, and fix a time for discontinuing the use, just as they do with other powerful drugs. As regards the suggestion to use alcohol alone, it appears to be open to some objections. It is not possible to imitate the different wines. No formula of the Pharmacopœia or prescription could reproduce the perfect mixture in natural wines, which are often so specifically beneficial.

Dr. Frank Woodbury said: I have been much interested while listening to the paper, and, in the main, sympathize with its teachings. I think that the propositions submitted for consideration were purposely exaggerated so as to excite discussion, since they are not logical deductions from the paper, and, indeed, have not been presented as such. The alcohol question is a complex one: it is a great social and moral problem, as well as a scientific and medical one. The subject as presented this evening has at least three aspects: the use of alcohol in any quantity in health—this is a physiological question; its employment by physicians—which is a medical question; and the right of physicians to prescribe it—a moral question. This moral question is really the principal one of the paper, as is shown by its title, "The Duty of the Hour." With regard to the question as to its injurious effect when used in health in any quantity, I would ask, first, what is meant by a state of health? If a physiological definition is accepted, then no person living under the artificial conditions of civilization can be in a state of perfect health. Ordinary health is merely an approximation towards physiological health; and if the utility of alcohol is acknowledged in the condition of disease (which is merely any departure from the healthy standard), then the first proposition is answered by the lecturer himself, in the negative. Then again, concerning the use of alcohol "in any quantity," I think it worth while to recall the fact that not only is it without injurious effect in very small doses, but that in reality the organism cannot escape from imbibing alcohol; it is omnipresent—it is in fresh bread and in ripe fruits, and even traces have been found in the air we breathe, provided there exist a certain amount of organic matter and the conditions of temperature and moisture necessary to fermentation. Even in the muscular tissue and urine of total abstainers a substance is present chemically indistinguishable from alcohol.

In large doses every one admits that it is capable of destroying life by its own properties when taken into the system, and it is therefore a poison. Its use in much smaller doses, it must be admitted, may not prove incompatible with the enjoyment of long life and ordinary health; but in many cases its constant use directly induces disease and tends to shorten life. The fact that a substance is a poison, however, is not sufficient in itself to forbid its use in disease, provided that it be given in accordance with the teachings of science and experience. The physician with the longest experience of any present has just expressed his deliberate opinion that it is useful in low conditions of vitality and in slow convalescence.

With regard to the right of the physician to prescribe alcoholic liquors, the moral aspect of the subject, I hesitate to express an opinion, for fear of being misunderstood. I would suggest, at the outset, that in reality the treatment is not so entirely under the control of the physician as is implied by the question. Is it not the fact that it is the patient who employs the medical attendant, and if he is not treated in accordance with his ideas of propriety he becomes dissatisfied, loses confidence in his physician, and engages another?

A rough illustration may be given: When a Chinaman falls sick, he, as a rule, will, if possible, secure the services of the kind of physician that his parents and friends approve of. A sick Indian in the same way prefers the treatment of his medicine-man to that of the most scientific post physician. Is it not also true that in more cultivated communities the physician who is called upon in the hour of sickness is the one whose thoughts and prejudices best agree with those of his clients? Patients certainly should not be allowed to dictate in the details of treatment, but their unrelinquished right to approve or reject the general plan of treatment cannot be disputed. It may seem like a humiliating admission, but it is true that in a community where the taverns far exceed the bakeries, total-abstinence physicians will have more opponents than clients.

I hope that nothing that I have said will convey the impression that I approve of the use of alcoholic liquors in disease, given merely with a view to gratify the patient: if ordered at all, they should be given to obtain the therapeutical action of ethylic alcohol, which, on account of variation and strength and adulteration in ordinary liquors, may be best given in the form of dilute alcohol in order to secure both purity and exact dosage. This, I have learned, has been largely employed in Bellevue Hospital, where it was introduced by Dr. Gillette; by its use the medical effects of the drug are obtained, and the danger of encouraging the use of ordinary liquors is to a large extent obviated. In conclusion, I wish to express the opinion that the second proposition should be reversed, and it should read, "Physicians deserve great credit for inculcating more correct and scientific ideas with regard to the use of alcoholic liquors by the community." The great advance in the cause of temperance, in my opinion, is very largely due to the teachings of certain prominent physicians and the precepts and example of the great body of the profession.

Dr. Leffmann, in closing the discussion, said: I am dissatisfied with the direction the debate has taken, for too much time has been given to the discussion of the value of alcohol as a remedy, a point which I expressly excluded. While the propositions which I laid down are my convictions, and I believe they will all be ultimately recognized as true, yet I purposely worded them in an extreme form to make the debate more definite. No one, however, is justified in giving to the first proposition the strained meaning that Dr. Wood put upon it, namely, that smelling a bottle of whiskey would be held as injurious. The language should be judged according to its intention. The remark quoted by Dr. Mills, in regard to the literary abilities of total abstainers, is also unworthy of the dignity of the question, and is not argument. Dr. Woodbury's suggestion that alcohol must be used because patients expect its use is surely not the true principle of medical practice. Patients are not to be the judge of anything in treatment. The success of homœopathy and kindred delusions is largely due to the erroneous and absurd view that patients may elect the system of medicine on which they are to be treated. Neither can one regard the fact of the occasional existence of alcohol or alcohol-like bodies in organic matter, in urine or in muscular tissue, or in fresh bread (which latter I doubt very much), as any argument for its use in health as a beverage. Several of the speakers have apparently regarded the paper as declaring the adulteration of liquors to be harmful; but this was not the ground taken, On the contrary, in two papers on alcohol previously read before this Society, and in papers read elsewhere, I have pointed out that the adulterations are cheats rather than poisons. It is the uncertainty and deception to which I call attention.

Although objection has been made to the third proposition on the ground that alcohol alone or simply diluted will not answer, yet we have these objections well refuted by the fact just stated by Dr. Woodbury, that in one of the New York hospitals such a preparation is regularly and successfully used.

The second proposition has been misunderstood. It has been taken to mean that the use of alcohol in disease under medical advice has resulted in drunkenness; but this is not the meaning. It is the habit of moderate drinking in health that makes drunkards, and it is to the indifference of the medical profession to this habit that the second proposition relates.

The whole question, it seems to me, is a most important one. The terrible effects of alcohol are seen in all directions, and if the restriction of it is needed—and I do not see how any one can doubt that fact—such restriction must only come by active assistance of those who know the facts best. It will never do to temporize with vice. No method will answer with any form of crime or vice except continuous, unrelenting opposition. It is a mistake to suppose that wide-spread and deep-rooted habits are unconquerable. Did time permit, it could be shown that traits of human character, as vicious and deep-rooted as the tendency to drinking, have been eradicated by persistent effort; and what has thus been done can be done again. I am fully of the opinion that the tavern finds its best support in the idea so general in the community that physicians consider the regular use of a little alcohol not injurious. When the medical profession is true to itself, and teaches that alcohol should never be used except for a specific purpose and under continued medical advice, the tavern will lose its best hold on the community.

The statement of Dr. Wood that he is fully convinced that we do not need alcohol in health, and that indulgence in it moderately on occasion is no more hurtful than overeating, certainly leans in favor of my first proposition.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

STATED MEETING, THURSDAY, October 4, 1883.

The PRESIDENT, R. A. CLEEMANN, M.D., in the chair.

PORRO-MÜLLER OPERATION.

DR. W. H. PARISH reported a Porro-Müller operation performed by him upon a dwarf at the Philadelphia Hospital, June 30, 1883, the patient surviving only forty-eight hours. He presented these specimens from the case, including the uterus, the abdominal incision (which had united) and surrounding wall, the stump of the cervix in position at the lower angle of the wound, the entire external genitals and mons, including the vagina and bladder. The ureters were found entirely free. The child had arrived at about two weeks more than the eighth month of utero-gestation. It was small, and lived for three weeks. He gave the clinical history of the patient, from which the following report of the operation is taken:

After etherization the bladder was emptied with the catheter. An incision was then made in the median line of the abdomen, seven inches in length, extending from two inches above the symphysis pubis to about one inch above the umbilicus, passing to the left of the umbilicus. The slight bleeding from the lips of the abdominal incision was controlled by artery-compressors before opening the peritoneal cavity. The absence of intestine from in front of the uterus was ascertained by percussion before making the incision. The uterus was easily raised from the abdominal cavity.

Owing to the anterior lumbar curvature, and to the length of the incision, it was impossible completely to prevent the escape of intestines. After the uterus had been turned out, a protector made of two layers of flannel, with an intervening layer of protective silk, was placed over the abdomen,—the object being to avoid chilling, and to prevent the escape of blood and other fluids into the peritoneal cavity. This protector, when used, was wrung from a warm carbolized solution. The next step was to place around the cervix the wire of an écraseur, and to constrict the tissues in its grasp to such an extent as to stop all circulation of blood through the uterus without cutting through the peritoneum. This step required speed, care, and judgment. The liability of a loop of intestine or of omentum to be caught by the constricting wire had to be carefully guarded against. Immediately that sufficient constriction had been secured, a short incision was made with a pointed bistoury through the antero-uterine wall down to the placenta, for the placenta proved to be attached anteriorly. The incision was then rapidly extended, from near the neck to the fundus, with a probe-pointed bistoury, guided by two fingers of the left hand introduced into the incision. The blood pent up in the uterus by the constricting wire escaped freely, but did not enter the abdominal cavity. The incision passed to the external surface of, but not through, the placenta. The hand was immediately introduced into the uterus through the exposed membranes at the fundus, and the child quickly turned out, the placenta being in this manœuvre detached in main from the uterus. The cord was promptly tied and cut, and the child handed to Dr. Keating. It was asphyxiated when delivered, and presented a very unpromising appearance.

It, however, quickly breathed and cried under the efforts of Dr. Keating at resuscitation. The rapid resuscitation was effected by alternately dipping the child in basins of hot and of cold water. After removing the infant, the uterus, with both ovaries and both tubes, was amputated a half-inch above the constricting wire: this point was about at the internal os. It was then seen that the wire had completely controlled the circulation, and not a drop of blood escaped from the stump of the uterus.

The next step consisted in passing obliquely through the stump two steel pins five inches in length, one above, the other below, the wire. After this a strong carbolized silken cord was passed around the stump, in the line of the wire, and partly tightened. The wire was then cut and removed, and the silk cord then very firmly tightened and securely tied. Special care was given to the tightening of this cord and to the tying of a secure knot. The ends of the pins rested laterally on the abdominal walls, and under the ends, on each side, was placed a piece of sheet-lead. The stump was thus secured outside of the abdominal cavity, and rested at the lower angle of the wound. New carbolized sponges on handles were introduced into the peritoneal cavity, down into Douglas's pouch, but the entire cavity was free from blood or other fluid.

The abdominal wound was then closed by deep and superficial silver sutures. The deep ones were introduced so as to include the peritoneum. During the introduction of the deep sutures, flat carbolized sponges were introduced beneath the incision, so as to catch what oozing might occur from the needle-punctures. The external portion of the uterine stump was brushed over with carbolic acid, and then invested with lint saturated

with carbolized oil. A strip, two inches wide, of dry carbolized lint was placed on the incision; over this a few strips of rubber adhesive plaster were applied transversely, over these a thick layer of carbolized cotton, and over all a flannel binder. The patient was put to bed, and surrounded with pans of hot water. Dr. Montgomery took charge of the patient's general condition during the operation, and administered during its performance four hypodermic syringefuls of whiskey. He reports that the time taken up in the operation, from the beginning of the abdominal incision until its complete closure, occupied forty minutes. During the operation the pulse ranged from 100 to 128, the greater frequency being during the making of the incision in the abdominal wall, and was probably due to impeded respiration. The constriction of the cervix had no appreciable effect upon the pulse. Soon after being put to bed, the pulse was 132, but in two hours was 108 per minute, and of good volume. The respirations during the anæsthesia became disturbed and imperfect, producing considerable cyanosis, and probably causing increased frequency of the heart's action.

The patient rallied well, as was shown by return to consciousness, by bodily warmth, and a fair pulse. For about sixteen hours her condition seemed very favorable, excepting that the kidneys had ceased to act. At the end of twenty-three hours there was marked change for the worse; the mind wandering, pulse 140, temperature 100° F. An inspection of the dressing at that time showed some oozing from the stump,—perhaps six ounces,—but it had then stopped. An additional ligature was placed around the stump, and one of the uterine arteries was separately ligated, the other could not be found; the stump was also brushed over with Monsel's solution. There was no subsequent oozing. That there should have been any loss of blood in this manner was a surprise to me, as the original ligature was so very firmly tightened and secured, and had for a number of hours after reaction so perfectly controlled all bleeding. There was marked atheroma of the vessels of the stump, as was revealed post mortem. After the twenty-third hour the patient grew progressively worse, became uncontrollable and delirious, had convulsive manifestations, and died in coma. There was no vomiting until twenty-six hours after the operation, and it recurred only once. She experienced but slight pain, and sulphate of morphia was given in small quantity,—$\frac{1}{4}$ gr. hypodermically, soon after the operation; again $\frac{1}{8}$ gr. at the end of eleven hours,—and subsequently, about the thirty-sixth hour, because of the great jactitation and the difficulty of keeping the patient in bed. The morphine was given hypodermically in such small amount that the coma could not have been due to it. Eight hours after being put to bed the urine was drawn with the catheter. Subsequently it was introduced at different intervals, but on each occasion the bladder was empty, and it was also found empty at the post-mortem examination. Only three ounces of urine were secreted after the operation. The patient survived forty-two hours.

Dr. R. P. HARRIS remarked that this was the only Porro operation that had been complicated by diseased kidneys. The case was an unfavorable one in consequence of this complication. The albuminous character of the urine was supposed to be due to mechanical interference by the enlarged womb, but unfortunately this was not so. The bad habits of the patient had led to a general disease of the arteries as well as of the kidneys. The former were atheromatous. The Porro-Müller operation has been performed thirty-four times; the unmodified Porro, eighty-two times,—total one hundred and sixteen cases, of which forty-eight per cent. have been successful in saving the lives of the mothers. When the pedicle or stump is dropped, it ceases to be a Porro operation. Of thirteen cases in which the stump has been dropped, eleven have been fatal. Dr. Godson is writing a full history of this operation, including the many experiments which have been made on animals to determine the best method for each step of the operation and the causes of death. Dr. Porro has saved four out of five cases in his own hospitals. In the Milan Hospital nine were saved out of twelve. In Germany the success has been poor, but in Austria better.

Dr. O'HARA asked why the Porro operation should be modified, when it had been so successful in the hands of the originator.

Dr. HARRIS: Dr. Muller was called upon to operate in a case in which the fœtus had been dead for some time and was putrid, the uterus being distended with gas. To prevent any septic matter finding its way into the abdominal cavity, he enlarged the abdominal incision, lifted the uterus out of the abdomen, and used cloths around it and over the wound before incising the uterus. This patient recovered. The mortality this year has been very slight.

Dr. E. E. MONTGOMERY had been associated with Dr. Parish in this case, as one of the hospital staff, and at first thought the case should be allowed to go on to full term before operating, and that Cæsarean section or laparo-elytrotomy, as practised by Dr. T. G. Thomas, should be the selected form of operation, but Cæsarean section has been very fatal in large hospitals, doubtless because it is generally a last resort after the patient has been long hours in labor, and for that reason is dangerous. But if a large drainage-tube were passed through, entering at the abdominal incision and out of the vagina, and a constant flow of antiseptics kept up, a good condition might be secured.

During the operation a few modifications suggested themselves. One of these was to divide the cervix uteri by a V-shaped incision, the peritoneal surfaces being united over the wound, a flat Peaslee drainage-tube being introduced and the stump dropped. Dr. Harris tells me that Schroeder has tried this, and that it has been done twice by ——, once successfully.

He thought the wire of the écraseur passed around the cervix before removing the child a source of danger to the latter, as well as being likely to embrace a loop of intestine.

Dr. HARRIS, in criticising the plan of dropping the stump, called attention to the fact that the portion of uterus embraced in the ligature is not a pedicle. It is a stump, and will continue to contract, and oozing of blood or even profuse hemorrhage is liable to occur. It has been found impossible to prevent this by any form of ligature that has been tried. If the stump is dropped, this hemorrhage or oozing will take place into the abdomen, and will be a certain cause of death. Dr. Isaac E. Taylor came near success, but his patient died from thrombosis on the twenty-sixth day, during an attack of phlegmasia alba dolens. It would be very desirable to avoid the dragging on the abdominal wound.

Dr. MONTGOMERY gave a short *résumé* of the cases treated by dropped stump, and the causes of death in them.

Dr. PARISH remarked that the disease of the kidneys was undoubtedly the cause of death, the implanting of the acute condition caused by pregnancy upon the previous chronic disease. He also spoke of the possible deleterious effect of the ether upon the system laboring under such a condition of the kidneys. It made the administration of ether in such cases a very serious matter.

Dr. PARISH also exhibited specimens from a case of

EXTRA-UTERINE PREGNANCY,

and made some remarks upon the history of the case. He had attended the patient in her first labor, seven years ago. She was a brunette, of very restless and active habits and disposition, and was quite uncontrollable. She was up and about her house a few days after her labor, and the result was subinvolution, which persisted until her death. During the interval she had passed out of his care, and had been subjected to local treatment, including the use of sponge tents. These had developed pelvic inflammation, and later she was troubled with frequent micturition and dysmenorrhœa. She afterwards came under his care again for treatment of these troubles, and on one occasion he had applied leeches to the cervix, and gave her positive orders not to leave her bed; but festivities were going on, and she went down and assisted in making ice-cream and cake, and later in eating them. This indiscretion was followed by a second metritis. He afterwards treated for the dysmenorrhœa by numerous minute punctures of the cervix, and the application of tincture of iodine, and the introduction of a sponge tent. The next period was not so painful, and the second was missed. He told her she was probably pregnant, but two weeks later a slight show occurred, and, fearing an abortion, he advised rest in bed: she refused an examination and would not be quiet. The flow continued, but did not increase, but there was pain in the pelvis in addition. Eleven days after the flow commenced, a sudden attack of intense pain occurred; the patient was completely prostrated, and was carried up-stairs. As he was not at home, Dr. O'Hara was called in, and used morphia hypodermatically. He found, on examination, a mass in the posterior part of the pelvis; the uterus was pushed forward against the pubes. He diagnosticated rupture of a Fallopian pregnancy cyst and internal hemorrhage, and gave opiates to relieve the intense pain. The pallor and exhaustion became more pronounced, and death occurred thirty hours after the first symptom. Other physicians who saw the patient did not agree with Dr. Parish in his diagnosis. The autopsy revealed no recent peritonitis. There was blood in the pelvic and abdominal cavities: this had escaped from a ruptured cyst of the Fallopian tube. The fœtus exhibited was found in the pelvic cavity. The position of the cyst was such that it would have been an easy operation to open the abdomen and ligate and remove the cyst and ovary and cleanse the pelvic cavity. The Fallopian tube involved is dilated, except at the uterine extremity. The other tube is occluded at the fimbriated extremity. Inflammatory bands derange the relations of the different pelvic organs. We have here the history of inflammatory processes changing the epithelial linings and relations of the Fallopian tubes to the uterus and ovaries as predisposing causes of extra-uterine pregnancy.

Dr. HARRIS remarked that the hemorrhage after conception, the peculiar location of the pain, and the pallor make the diagnosis an easy one. He had one patient that recovered spontaneously. The operation suggested by Dr. Parish has been performed once successfully. Dr. T. G. Thomas made the diagnosis and wished to operate, but the husband, a physician, differed in opinion, and would not consent. That patient lived sixty hours. Dr. Playfair advises the operation.

Dr. O'HARA saw the case early, and could not make such a diagnosis. He saw no sign of internal hemorrhage then. He thought of peritonitis or cellulitis. There had been no history of a cast of the uterus. He did not see how a positive diagnosis of extra-uterine pregnancy could have been made at that time. The patient was certainly going to die, and he would approve of an exploratory operation.

Dr. PARISH remarked that Dr. O'Hara was perhaps right: he (Dr. P.) was the only physician present who looked at the case in that light; all the others disagreed and had their reasons. If this diagnosis of a probable extra-uterine fœtation had been made early, before the accident, then when the acute symptoms supervened a quick diagnosis could have been made as to the cause of the pain. He described a fold of peritoneum found behind the uterus, and, as the clot had the appearance of different ages, portions being yellow, he suggested that an extra-peritoneal hemorrhage had first occurred under this fold, perhaps ten days before the intra-peritoneal hemorrhage which was the cause of death.

Dr. BEATES exhibited for Dr. Boardman Reed, of Atlantic City, New Jersey, a tumor of the uterus, which the latter supposed to be an early stage of carcinoma; but no microscopic examination of the specimen has been made.

Dr. BEATES reported the case of an infant which appeared well and hearty at birth but died in collapse on the third day. An autopsy revealed acute gangrene of the mucous surface of eight feet of the ileum; hemorrhage had occurred into the intestine and was the immediate cause of death.

W. H. H. GITHENS,
Secretary.

NEW YORK PATHOLOGICAL SOCIETY.

A STATED meeting was held, October 24, 1883, George F. Shrady, M.D., President, in the chair.

SARCOMA OF THE CHOROID AND VITREOUS BODY.

Dr. CHARLES HEITZMAN presented a specimen of sarcomatous degeneration of the choroid and of the vitreous body, occurring in a man about sixty years of age, upon whom enucleation had been performed, but, other organs becoming affected, the patient succumbed. Dr. Heitzman took occasion to emphasize the view which he had for some time held, that the vitreous body is alive; and he thought this specimen was an evidence of that fact, inasmuch as a distinct fibrous capsule separated this body from the choroid growth. Through this capsule cells could not have penetrated, and none were seen in that portion of the field under the microscope.

NEPHRECTOMY BY ABDOMINAL INCISION FOR FLOATING KIDNEY.

Dr. GILL WYLIE presented a kidney removed from a patient whom he saw in the country in August last. She had been treated for uterine and ovarian disease, but these organs were not found to be affected. The patient had for some time suffered extreme pain in the right side, calling for chloroform in addition to opium as an anodyne. At the age of fourteen she had had pneumonia, but there were at present no signs of pulmonary disease, nor was there a family history of this affection. She was thirty-four years old, the mother of four children. In the dorsal position nothing abnormal was discovered, but when the patient assumed the upright posture she complained of pain, and remarked that she thought the doctor would then be able to feel a tumor in the abdominal wall. A floating kidney was then recognized, and was supposed to have caused pain by becoming strangulated. It was extirpated through an abdominal incision to the right of the umbilicus, the peritoneum being opened a distance of three inches. The vessels were ligatured with silk and the abdominal wound closed. The patient did well. The temperature rose but slightly. Twenty-four ounces of urine were secreted daily, at first, and at present about thirty-six. The stitches were removed on the eighth day. The patient suddenly sprang from the bed, in a dream, and caused partial separation along the line of union, and some hemorrhage took place; but, aside from this accident and a small abscess in the abdominal wall, she was doing fairly well. Pain disappeared from the right side. There was now slight pain in the region of the left kidney, but of rather an indefinite kind. The urine had formerly contained albumen and pus, and it at present contained some pus, pointing to possible affection of the left kidney, but possibly to some degree of suppuration in the ligatured ureter. The left kidney was in its normal position. Dr. Welch examined the organ removed, and found it the seat of tubercles and the bacilli tuberculosis.

Dr. JOSEPH HOWE thought the symptoms might have been due alone to the presence of the tubercles without strangulation.

Dr. A. JACOBI would not have the impression go forth that the presence of a floating kidney always justified nephrectomy; on the contrary, extirpation is seldom called for, whereas movable and floating kidneys were very common. He himself had seen as many as thirty, mostly in women, some in children, not so many in men, and in not a single case had an operation been demanded. The patient had better wear a bandage and put up with slight discomfort than to go with but one kidney.

Dr. WYLIE coincided with the remarks made by Dr. Jacobi, except that he did not believe that much was to be gained by a bandage. It was not improbable that a bandage higher up, in the form of a corset, had something to do with causing the condition.

Dr. HEINEMAN saw as many as half a dozen cases of floating kidney, principally in women, at Dr. Clark's clinic every season. When tuberculosis affects one kidney it is likely also to affect the other; and it was not improbable that the remaining organ was the seat of disease in this case.

STRANGULATED OBLIQUE INGUINAL HERNIA.

Dr. JOSEPH HOWE presented the specimen, the chief interest of which was the fact that the patient had suffered with the strangulation for five days before seeking for medical relief, supposing the difficulty to have been due to constipation. He was 45 years of age, and said the hernial tumor had been there for thirty years, and had never before given him any trouble. About three or four inches of gangrenous gut were removed, and the ends stitched to the sac. The patient had been vomiting, suffering extremely, and was in a state of partial collapse. It was not probable that he could recover. About two years ago Dr. Howe presented a similar specimen to the Society, the man having gone without aid for five or more days. He died soon after the operation.

Dr. WYLIE had seen a patient in the country in whom an artificial anus had formed at the seat of a strangulated hernia, his physician refusing to operate on the day he saw the patient, because, as he said, it was too cold. The patient was still confined most of the time to his bed, more than a year since the accident.

Dr. HOWE replied to a question by Dr. Wylie, that he would not attempt to close the fistula, and if it were not large enough it should be increased in size.

CONTRACTION OF THE SEMILUNAR VALVES, CAUSING PULMONARY STENOSIS.

Dr. R. VAN SANTVOORD presented the heart removed from a child which died on the twentieth day. It was well nourished, the pulse and respiration rapid, a loud murmur at the junction of the sternum and third and fourth costal cartilages, transmitted all over the chest. Cyanosis developed, and the child died, apparently of heart-failure. The valves at the pulmonary artery were much thickened and shortened, causing stenosis. There was marked hypertrophy of the right ventricle; there was no atelectasis.

TWO CASES OF RUPTURE OF THE HEART.

Dr. FERGUSON presented the specimens, the first one of which was removed from a man who had had an attack of dyspnœa and about two hours afterwards was found dead in the water-closet. The body was well nourished; the kidneys were atrophied, giving well-marked signs of diffuse nephritis; the lungs were congested; the pericardium contained a large amount of blood; the heart-walls were pigmented and showed signs of general myocarditis. Near the apex in the left ventricle was a rupture three-quarters of an inch in length.

The other specimen belonged to a man who had received an injury on the back of the hand, tearing away the soft structures and exposing the extensor tendons. The wound was dressed antiseptically, and the patient did well the first three weeks, but the muscles of the face and neck and thorax then became contracted, breathing was interfered with, and the patient died in one of the tetanic convulsions. At the autopsy the brain and cord were found congested, the lungs œdematous and congested; the pericardium contained a large amount of blood; the heart was normal, except that in the right ventricle there was a small rupture, admitting a probe. In the one case, therefore, the rupture was due to disease of the cardiac muscle complicated by diffuse nephritis; in the other, to the convulsions of tetanus.

VERTEBRAL ABSCESS—DEATH WITH CYANOSIS.

Dr. H. D. CHAPIN presented a specimen removed from the body of a child nearly three years of age, which died of symptoms of cyanosis. A few weeks previously it had been brought to the Dispensary with cough and a wheezing sound over the chest, but on physical examination no symptoms were found except bronchial and tracheal râles. There was no cyanosis at that time, and no dysphagia. The child had improved under treatment, but the mother said that while playing it suddenly became blue and died. At the autopsy a large abscess was found, affecting the first and second dorsal vertebræ; there was a tumor composed of a bronchial gland which had undergone cheesy degeneration; there were also tubercles in the lungs and trachea.

CARCINOMA OF THE STOMACH, LIVER, SPLEEN, AND INTESTINE.

The specimen was presented by Dr. Carpenter for Dr. STICKLER. The patient was a man, 52 years of age, who first began to suffer from pain in the region of the stomach; the pain soon extended into the right hypochondrium. Anodynes and counter-irritants constituted the treatment. The patient rapidly emaciated; vomiting occurred, but not of blood or dark-colored matter; the cancerous cachexia developed. There was constipation and scantiness of urine. Later an irregular tumor was felt in the region of the pyloric end of the stomach. The patient died at the end of fifteen months after the commencement of his symptoms, and at the autopsy the liver, the intestines, the spleen, and the stomach were the seat of cancerous degeneration, the latter organ and the liver being greatly diminished in size. The cæcum was much constricted, which would account for the extreme constipation which had existed.

SCARLET FEVER IN HORSES.

Dr. PETERS reported further on this subject, stating that since the last meeting he had conversed with several of the veterinary surgeons in the city, and most of them recognized the symptoms which he had before described

under the head of scarlet fever, but all were not agreed as to the nature of the disease; one surgeon had called the affection measles, having been more familiar with that disease than with scarlet fever in the human race. Dr. Peters thought it probable that certain symptoms classed as a peculiar disease, and followed by what was acknowledged to be scarlet fever, were only an early stage of this affection. Scarlet fever was more apt to be found in the sale-stables, where many horses were being constantly brought in from the country, than in the car-stables, where only from three to ten were brought in at a time.

REVIEWS AND BOOK NOTICES.

INDEX-CATALOGUE OF THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE, UNITED STATES ARMY. Authors and Subjects. Vol. IV., E to FIZES. Washington, Government Printing-Office, 1883.

The fourth volume of this magnificent work has lately appeared, containing 4802 author-titles, representing 1926 volumes and 3885 pamphlets: it also includes 12,361 subject-titles of separate books and pamphlets, and 48,977 titles of articles in periodicals. This volume, like the others, is a royal octavo of over a thousand double-column pages, handsomely printed upon heavy tinted paper, in a manner in every way worthy the work itself, which is monumental in character. In looking over its pages, we observe that the bibliography of some special subjects is remarkably full, quite discouragingly so sometimes when one happens to want to write an article upon a topic which deserves careful preparation. We also are attracted by the titles of rare and valuable books, many of which were secured through the personal interest and attention of the librarian, Dr. Billings, who has put the entire profession under obligation for his zeal, industry, and devotion to his work.

A GUIDE TO AMERICAN MEDICAL STUDENTS IN EUROPE. By HENRY HUN, M.D. New York, William Wood & Co., 1883. 8vo, cloth, pp. vi., 151.

This little work abounds in the practical information that is needed by Americans who intend going to Europe to complete their medical studies. It contains knowledge of the kind that a new-comer is most anxious to gain, and often finds it so difficult to acquire, with regard to the various schools, their faculties, fees, hours for lectures, requirements, etc., of all the principal medical centres in Europe, especially in Germany. This book will prove very useful to the American student in a foreign city, and may save him from loss of time and unnecessary trouble.

THE MEDICO-LEGAL JOURNAL is the title of a handsome monthly published under the auspices of the Medico-Legal Society of New York, the first number of which appeared in August. The September issue has for a frontispiece a handsome steel portrait of the late Dr. James R. Wood, of New York. From the appearance of the table of contents, and general indications, it is evident that the new arrival has come to stay, and we cordially welcome it to our exchange-list.*

GLEANINGS FROM EXCHANGES.

SURGICAL DISEASES OF THE KIDNEY.—At the annual meeting of the British Medical Association, Mr. Clement Lucas said that the credit of having awakened a new interest in renal diseases, and of having, by experiment on the lower animals, made sure of his ground, was due to the late Professor Simon, of Heidelberg, who in 1869 successfully performed nephrectomy for the cure of a fistula of the ureter following ovariotomy. Since then, extirpation of the kidney has been performed upwards of a hundred times. The operation of nephrotomy has been much more frequently undertaken, and the removal of a stone from the kidney, which used only to be attempted when a sinus or tumor existed, has been several times successfully performed before the kidney has suffered any severe damage.

In casting a glance over diseases of the kidney to determine which might admit of surgical treatment, it is necessary to exclude at once all such diseases as attack equally the two organs: hence the various degenerations included under the name of Bright's disease and lardaceous disease must ever remain outside the province of renal surgery. On the other hand, conditions which disturb the functions of one organ only, for the most part, admit of relief by operation.

Painful moving or floating kidney, being only a mechanical disturbance, admits of relief only by mechanical means. Simple exploration and replacement through an incision in the loin would probably be found sufficient in the majority of cases for the cure of this condition,—the adhesion resulting serving to retain the organ in position. Stitching of the capsule to the parietes, or, as it is termed, nephrorraphy, is a somewhat serious, but still simple, undertaking. In eight cases in which it has been performed the patients all recovered and were relieved. There might still be cases where intense suffering was experienced, and where the other means had failed, which would suggest nephrectomy. Martin, of Berlin, had, in six cases, removed floating kidneys through the peritoneum, and four of these recovered.

Hydronephrosis should be first aspirated, then cut down upon and drained through the

* Terms, $3 per annum. Published by the Medico-Legal Journal Association, New York.

loin, the cyst-wall being stitched to the parietes. Finally, should the fistula fail to close, the remains of the kidney might be removed through the loin.

In women these tumors had been often mistaken for ovarian tumors, and had been operated upon as such. Being movable, and not forming adhesions till late, some might advocate ventral nephrectomy for these cases before drainage; but such treatment would entail more risk than the method advocated. Abdominal nephrectomy for hydronephrosis will, however, show better results than nephrectomy generally.

Large isolated cysts of the kidney having no communication with the pelvis are rare. They should be aspirated and afterwards drained through the loin.

Hydatids of the kidney, also rare, have a tendency to discharge themselves through the pelvis. When forming tumors, they may generally be cured by aspiration or siphon tapping.

Pyonephrosis, when unilateral, falls under renal surgery. The double pyelitis, with suppuration and distention, which commonly resulted from stricture and enlarged prostate, the author said was inappropriately named "surgical kidney." He suggested the term *reflex pyelitis* as better expressing this condition. Reflex pyelitis, when one-sided, is due to some obstruction in the ureter, and then often gives rise to a large pyonephrosis. Other causes of unilateral pyonephrosis are calculus and strumous pyelitis. After speaking of the diagnosis, and stating that these tumors are more adherent and gave rise to more pain and constitutional disturbance than hydronephrosis, he said that nephrectomy for pyonephrosis had been performed twenty-eight times, and of these seventeen recovered and eleven died; but it was most worthy of notice that among these twenty-eight cases six had previously discharged their contents through a fistula in the loin, and all these recovered. Hence, he argued, it is better to drain a pyonephrosis before performing nephrectomy.

Neoplasms of the kidney can only be treated by nephrectomy, and if this be performed early there might be a good chance of permanent benefit. Generally they are too large to be removed except through the peritoneum, but of five cases removed through the loin, four recovered. Out of sixteen removed by ventral incision, ten died and six recovered.

Calculus of the kidney offers an excellent field for surgical interference, but the difficulty is to make sure of the diagnosis. Many cases of supposed calculus turn out to be strumous kidneys. Two cases were related in which the kidney was explored and even deeply punctured, but no ill result or rise of temperature followed, and the wounds healed primarily. Several cases of nephro-lithotomy were recorded in the Clinical Society's Transactions, and two cases had been performed successfully at Guy's Hospital during the present year. When the kidney is much dilated and damaged it would be a question whether it might not be better to remove it.

After briefly alluding to *injuries to the kidney*, which, though not included under the title of the paper, might suggest nephrectomy, the author proceeded to speak of some details in operating. He recommended for the lumbar operation a combination of two incisions which he had employed as giving the most room,—viz., an oblique incision higher than the colotomy incision, within about half an inch of the last rib and parallel with it, and a vertical incision on the outer margin of the quadratus lumborum, extending from the upper edge of the last rib to the iliac crest. For the transperitoneal operation Langenbuch's incision external to the rectus muscle was to be preferred to the median incision, as it enables the operator better to reach the kidney through the outer layer of meso-colon.

In conclusion, he urged that antiseptic exploration of the kidney through the loin is a simple and not at all a dangerous operation, which may be undertaken without anxiety in any case where calculus is suspected; that it is generally wiser to tap and drain fluid tumors of the kidney before proceeding to remove the diseased organ; that when nephrectomy is decided upon, the extraperitoneal operation through the loin should always be chosen for any tumor it is possible to withdraw through the limited space at disposal; finally, if this course be adopted, the transperitoneal operation will be reserved for large solid tumors, and perhaps some floating kidneys.—*British Medical Journal.*

MISCELLANY.

THE NATIONAL RETAIL DRUGGISTS' ASSOCIATION.—A convention of the retail druggists was recently held in Washington, which resulted in the formation of a permanent organization known as the National Retail Druggists' Association, with the following officers:

President.—Henry Canning, of Boston.

Vice-Presidents.—N. W. Jennings, of Baltimore, and J. B. Bond, of Little Rock, Arkansas.

Secretary.—J. W. Colcord, of Lynn, Massachusetts.

The object of the Association, as embodied in a resolution offered by Professor Remington, of Philadelphia, is "to unite all retail druggists for the purpose of obtaining protection in their business interests from evils known to exist, and for mutual support and co-operation." The evils referred to are understood to be the patent-medicine business, and the general sale of nostrums as articles

of merchandise by grocers and others not dealing legitimately in medicines. When druggists and patent-medicine proprietors fall out, there is a probability that both the physician and the public will be benefited sooner or later.

THE MEDICAL NEWS; QUININE PILLS; AND THE HIGHER WALKS OF (SENSATIONAL) JOURNALISM.—*Gaillard's Journal* for September administers a well-deserved rebuke to the *Medical News* (published in this city) for its discourteous language towards its contemporaries, and its unwarranted aspersion of their motives, in a recent editorial contained in that periodical, and shows that the charges of weakness, cowardice, and venality have been thus far proven only against the management of the *Medical News* itself. We say, with Hamlet,—

"Let it work;
For 'tis the sport, to have the engineer
Hoist with his own petard."

THE CAMDEN COUNTY MEDICAL SOCIETY, having been invited to meet with the Philadelphia County Society, was present at a large and interesting meeting held at the hall of the College of Physicians, Philadelphia, October 10. The exercises consisted in the reading of a paper by Dr. Albert H. Smith on "Abdominal Palpation in Pregnancy," which was followed by an interesting discussion. After these exercises, a social reception was held by the Philadelphia Society, which was generally enjoyed by the large number present.

THE PATHOLOGICAL SOCIETY OF PHILADELPHIA held a semi-annual meeting, at which Dr. Carl Seiler read a paper on Phthisis and its Laryngeal Complications, which elicited a valuable discussion. This was followed by a very pleasant social reunion at the hall of the College of Physicians, on the 25th ult. The Society is now in a very flourishing condition.

NOTES AND QUERIES.

THE BALTIMORE MEDICAL COLLEGE.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

DEAR SIR,—In opening the last number of your valuable journal (October 20), I am very much surprised to see that you have published from an anonymous correspondent such a partial statement of the medical colleges of this city, doing injustice to and misrepresenting the Baltimore Medical College. It seems unjust that you did not publish its plan and the names of the members of its Faculty, as you did for the other schools of the city. This school is misrepresented, because the assertion and intimations made in reference to it do not accord with the facts.

The Baltimore Medical College was organized over two years ago, with the avowed object of elevating the standard of medical education,—"not to make many doctors, but good and competent ones." Its charter simply requires, among other things, that its teachers shall declare their belief in the Christian religion, as its projectors thought the sacredness of the medical profession required good men to promote its elevation.

A preliminary education as a prerequisite to enter the school, its extended sessions of seven and a half months each, and its special laboratory exercises during the session were features intended to and doubtless have contributed to secure the object set forth,—namely, to afford students ample opportunity to become proficient in their studies.

No official notice has ever been given that the diplomas of this school were not recognized by the West Virginia Board of Health. On the contrary, several of its graduates are now successfully practising medicine in that State. As to the probabilities of the Illinois State Board of Health, it is only necessary to refer to its last (fifth) Annual Report, and compare the published requirements of this school with those of the other medical schools of Maryland, to satisfy any unprejudiced mind that its diplomas will be recognized by that Board.

Your correspondent most unjustly refers to a report, said to have been made at the introductory lecture of this session, that the "establishment of a pulpit is in contemplation." No one uttered such a sentiment on that occasion, nor even thought of such a thing. The establishment of a hospital was mentioned, and since the opening of the present session hospital privileges have been obtained for the school in one of the most spacious hospitals in the city. The fact is, the Baltimore Medical College is exclusively a medical educational institution.

Your correspondent says, "During the first two sessions lectures were delivered to a class of men, women, and preachers." During its two sessions it admitted both males and females; the latter sex have now been excluded, as a woman's medical college has been established in this city. As to preachers, only one pastor pursued the course of lectures during the two years, and graduated, he says, chiefly for the love of the science. He is still devoting his services to the pastorate in the church, and not practising medicine.

Your correspondent insinuates that the professors and lecturers in this college are unreliable, and not of sufficient reputation to command the confidence of the profession of this city. Now, Mr. Editor, will you please do the Baltimore Medical College the justice to publish, in connection with this communication, the names of the members of its Faculty (as you have already done for the other medical schools of this city), that your readers may judge of the character and fitness of these men to conduct a medical school? I hereby mail you copies of our announcement and lecture-card for that purpose.

Yours, truly,
W. R. MONROE, M.D., *Dean*,
249 Bolton Street, Baltimore.

[FACULTY OF THE BALTIMORE MEDICAL COLLEGE.—Harvey L. Byrd, A.M., M.D. (President), Obstetrics, and Diseases of Women and Children; W. Robert Monroe, M.D. (Dean), Materia Medica, Therapeutics, and Hygiene; Thomas Daugherty, A.M., M.D., Physiology; Glanville Rusk, M.D., Surgery; Charles G. Hill, M.D., Anatomy, and (Clinical) Insanity, and Nervous Diseases; Robert H. P. Ellis, M.D., Principles and Practice of Medicine; ——, Professor of Chemistry; Lewis M. Eastman, M.D., Microscopy; F. W. Pearson, M.D., (Clinical) Diseases of the Chest and Throat; George P. Yost, M.D., (Clinical) Dermatology; J. H. Scarff, M.D., (Clinical) Gynæcology; J. L. Dorksen, M.D., (Clinical) Diseases of the Eye and Ear; Thomas H. Parramore, D.D.S., (Clinical) Oral Surgery; James G. Linthicum, M.D., (Clinical) Obstetrics; Z. K. Wiley, M.D., Demonstrator of Anatomy.]

LETTER FROM DR. BYRD, OF THE BALTIMORE MEDICAL COLLEGE.

"Magna est veritas et prævalebit."

EDITOR OF THE MEDICAL TIMES:

Had not absolute falsehood been perpetrated in the notice of the above institution by your special correspondent in the last issue of the *Medical Times*, it would hardly have been necessary to take any notice at all of the illiberal and partisan statements it contained concerning the religious feature of the college, which he attempts to ridicule and to turn to the disadvantage of the institution. But as Christianity has proven "to the Jews a stumbling-block, and to (*atheistic*) Greeks foolishness," for nearly nineteen centuries, and is clearly now "a thorn in the flesh" to many others, I will state, for the benefit of those readers of the *Times* who are unfamiliar with the facts in the case, that the charter granted to the college by the Legislature of Maryland *requires* that all its professors and teachers shall declare their belief in the Christian religion ere entering upon their respective duties in the same; and not that they "should likewise be professors of Christianity." Women were admitted into the college, as he states, with the hope and expectation that most of them would prepare themselves for missionary work in the Orient or elsewhere, where Christian women physicians have done so much noble work in the evangelization of the heathen. But, as few applied for medical training with such an object in view, the project was abandoned. The statement he

makes about the West Virginia State Board of Health refusing to acknowledge the diploma of the Baltimore Medical College amounts simply to this, and nothing more,—viz.: one of the first graduates of the school, and when it was but little known, appeared before the Board, and, passing an excellent examination, paid his fee, and was licensed to pursue his profession, just as the graduates of other schools had, or ought to have, done before him.

Subsequent graduates of the Baltimore Medical College are pursuing their professions in that State without let or hindrance, so far as I know. The remarks he ventures to make regarding the Illinois Board of Health are entirely gratuitous, as no graduate of this school has ever presented a diploma before it, and I feel confident, from what I have learned of the gentlemen composing the Board, that they would not be likely to stultify themselves at the dictum of one whose animus is so obviously manifest as that of him who has assumed to speak for them in advance of a contingency which may never happen or come to pass. Clergymen of most of the Christian denominations have found from experience that they can listen to the lectures in Baltimore Medical College, and derive pleasure as well as profit in learning that the wisdom displayed in the structure and functions of the human body, and in the action of remedies upon it in disease, is in *perfect harmony* with the teaching of the lowly Nazarene; and a cordial invitation is extended to all such gentlemen as may desire to learn that scientific medicine can be taught without irreverent jests or sacrilegious innuendo or comparison, to call and listen to the teaching in the school as often as their clerical duties or their inclination may allow them to do so. It goes without the saying that a gentleman is privileged in this country to select *his* associates, professional and lay; and, in pursuing this course, I have found mine, here and elsewhere, among the *best* and *most* intelligent of the land. Such being the case, it could hardly be expected that I could be induced to mingle or continue an association with others of a different stamp, though it were to my *pecuniary interest* to do so; and this your correspondent and some of *his confrères* very well know and understand, though they should be indebted, to a very great degree, for the little notoriety they have reached, to labors of mine in the past. A few sentences more, and I will have done. The statement concerning the "pulpit" in the Baltimore Medical College is utterly and unqualifiedly false in every particular, and can be so proven by dozens of as respectable gentlemen and ladies as can be found anywhere. I send, with this paper, a copy of the circular of the Baltimore Medical College, which will show the names of fourteen professors and teachers who in every respect are regarded as the peers of any in this city by those in position to sit in judgment in such a matter. I am in position to make revelations which would not be flattering to your correspondent and some of his "professional" associates, but I forbear, as justification, and not retaliation, is the object of this paper, and especially as I feel quite confident that he is the *only* person in Baltimore who, without provocation of any sort, could have *conceived* and written *such* an article.

Very respectfully,
Your obedient servant,
HARVEY L. BYRD, M.D.,
President and Professor Baltimore Medical College,
Baltimore, Maryland.

127 NORTH ARLINGTON AVENUE,
BALTIMORE, October 23, 1883.

CELSUS ON HYDROPHOBIA,—A CORRECTION.

TO THE EDITOR OF THE MEDICAL TIMES:

DEAR SIR,—In requesting the publication of the accompanying letter, a few words may be needed. Some weeks ago an article on hydrophobia appeared in your columns containing a quotation alleged to be from Celsus. It appeared to my son, Dr. Louis W. Atlee, that Celsus had been treated with impropriety and entirely misrepresented. According to the author of that paper, Celsus recommends the forcible drowning of a hydrophobic patient, while the truth is that, while he does advise the throwing of the patient into the water in order to obtain the benefit of the sudden nervous shock, he most carefully tells us to give the patient a bath of warm oil after his ducking, lest harm may come of it.

My son wrote to the editor of the *Medical News* a letter correcting this misstatement (for so I would term it), and implies in this letter—most charitably, one would think—that the misstatement was caused by not consulting Celsus in the original. This supposition the author of the article referred to resents in rough terms in a recent number of the *Medical News*, and an editorial appendix to his communication endorses and upholds him in his views. My son is mentioned there by name in a discourteous tone and in intemperate language. To me, the denial of the correctness of the criticism only aggravates the literary offence.

The criticism was directed against the too prevalent habit of quoting an author at second-hand,—a fruitful source of error and injustice. For instance, we are told in the Holy Scriptures that "the fool saith in his heart, There is no God." Should some one who declares that we read therein, "There is no God," be excited, and roundly assert that he had read it in the original, and get others to back him, when reminded that he had not quoted the whole passage? Most certainly, the most charitable construction to put upon the error was that the writer had been led into making it by confiding in some one who had quoted Celsus, and had neglected himself to verify the citation. As we are wished by him, however, and also by the editor of the *News*, not to believe this, but to believe rather that Celsus was read by him in the original, and that such was his interpretation of the original passage, and as he is offended and the editor is aggrieved that any other belief can be held, another view must be taken, and what this view is any one of ordinary scholarship and of approved ethics can decide for himself. My son is not in this country at present, or he would need no one to act for him on this occasion. I will ask you to publish the accompanying letter, which I am sure will be read with pleasure by any one capable of judging in this matter. Although the reader will see that this communication is dated October 6, it was retained by the editor of the *Medical News* until the 23d, for reasons best known to himself.

Very respectfully yours,
WALTER F. ATLEE, M.D.

BALTIMORE, October 6, 1883.

DR. LOUIS W. ATLEE.

DEAR DOCTOR,—Although not personally acquainted, yet I hope you will excuse a professional brother in thanking you for your defence of the character of that old noble Roman, *princeps medicorum*, from the charge of cruelty in his treatment of the hydrophobic patient, as you have done in your recent paper in the *Philadelphia Medical News* of the 6th instant, under the heading "Celsus on the Treatment of Hydrophobia."

You administer a well-deserved rebuke to the common practice of quoting at second-hand without verifying,—a practice a little too frequent nowadays.

I had occasion to defend the character of Celsus from the charge made in a paper on "Anatomy Historically Considered," by Dr. H., of John's Hospital Union of this city, that "the old Roman was averse to making dissections of the human body as a means of advancing the science of medicine." By referring the gentleman to the original—Liber I., cap. i.—I convinced him of the mistake, and he acknowledged that he had quoted Celsus from a French translation, and he promised to correct the second edition of his paper.

To slander the character of a dead hero in medicine is, to me, as heinous as to mutilate his remains.

Again thanking you, I am, with much respect,
Your obedient servant,
JOHN R. QUINAN.

THE CHICAGO WIRE BEEF-SKEWER REDIVIVUS.

MR. EDITOR,—Dr. Miller is unnecessarily irritated concerning my paper on Chicago beef, and in his letter to the *Times* of October 20 he has fallen into three errors concerning it.

First, He infers that my knowledge of the barbs was obtained from a *retail* dealer, whilst his information came from a *wholesaler*. There are several wholesale dealers in this city, and the person to whom I referred is an extensive, well-known *wholesale butcher*, with three large establishments in this city, and an abattoir in Chicago with corresponding stock-yards, and he ships his supplies direct. I named him, not from any interest in himself or his business, nor did I say that *his* meat was superior to that of others dealing in Chicago beef, but simply because he courteously gave me a large number of the wire skewers for exhibition to the County Medical Society, after other parties had refused to let me have any through fear of their being employed adversely to their interest. "One good turn deserves another."

Second, The alleged extension of danger through the business cards of retailers being attached with the wire barbs to the large number of pieces into which the carcass is cut, is visionary; because the skewers are made in Chicago, *four* only are sent with each steer, and they are returned to the abattoirs, by two firms here at least, for further use. "Multiplication is vexation, division's twice as bad."

Third, The non-acquaintance of Dr. Miller with the clique of retail butchers to whom I referred as opposing the introduction of the beef into this city, does not militate against the fact, for, aside from the agitation noticed at the time in the public newspapers (and the same issue is now in

progress in other places), my information was obtained from three of these persons, who declared their intention to drive the Chicago product out of the market "by hook or by crook."

Finally, I dislike to destroy the fancied security thrown around the community by Dr. Miller and the wholesale firm he refers to as having discontinued the use of the barbs. Chicago people are enterprising, they care nothing for the brotherly love and philanthropy of quiet Philadelphia, the wire skewers admirably fulfil their intended purpose, they are not, as he says, "a thing of the past," but they are *still used*. I have seen several large shipments since Dr. Miller's letter appeared (the last one this morning), in three different wholesale houses, and I enclose two labels with barbs attached, obtained this morning at two of these places,—the third dealer hesitating about letting me have one, as he did before. My paper was written many weeks *after* the alleged swallowing of the barbed skewers, and *after* the supposed repudiation of them by the firm to which the doctor refers, and my object was simply to bring the excellent quality of the beef before the Philadelphia County Medical Society when the question of food and dietetics was being discussed. If I am wrong in my opinion that the skewers are harmless and cannot be swallowed by ordinary mortals, then the consolation remains that an unhoped-for new specialty in medicine has been found,—that of "EXPERT in the extraction of *Chicago barbed-wire beef-skewers*."

I am, sir, with distinguished consideration,
WILLIAM R. D. BLACKWOOD, M.D.,
Neurologist to Presbyterian Hospital, and
Physician to St. Mary's Hospital.

October 27, 1883.

DEATH OF SURGEON-GENERAL CRANE, U.S.A.

THE death of Charles H. Crane, M.D., Brigadier-General and Surgeon-General, United States Army, occurred at Washington, October 10, after a brief illness. Until two days before his death he was not considered seriously ill. He had been suffering with an abscess under the tongue, which led to perforation of, and fatal hemorrhage from, the lingual artery. He was graduated in arts at Yale in 1844, and at Harvard Medical Department in 1847. He went at once into the service, and, rapidly rising (being promoted for meritorious service during the war of the Rebellion), he was made colonel and Assistant Surgeon-General in 1866, and brigadier-general and Surgeon-General, July 3, 1882, succeeding Surgeon-General Barnes. He died in the fifty-ninth year of his age. The last honors were paid at Shelton Island, New York, where his remains were interred. By a general order, dated October 10, the Secretary of War pays a tribute to the personal worth and distinguished services of General Crane. The officersof the Medical Department will wear the usual badge of mourning for six months.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY FROM OCTOBER 6 TO OCTOBER 27, 1883.

HAMMOND, JOHN F., COLONEL AND SURGEON.—Leave of absence on surgeon's certificate of disability granted April 2, 1883, extended six months on surgeon's certificate of disability. Paragraph 7, S. O. 231, A. G. O., October 8, 1883.

SWIFT, EBENEZER, LIEUTENANT-COLONEL AND ASSISTANT MEDICAL PURVEYOR.—Under the provisions of Section 1 of the act of Congress approved June 30, 1882, is, by operation of law, this day retired from active service, and will proceed to his home. Paragraph 4, S. O. 231, A. G. O., October 8, 1883.

BACHE, DALLAS, MAJOR AND SURGEON.—Assigned to duty at Willet's Point, New York. Paragraph 1, S. O. 238, A. G. O., October 18, 1883.

HARTSUFF, ALBERT, MAJOR AND SURGEON.—Granted leave of absence for fifteen days. Paragraph 2, S. O. 205, Department of the Missouri, October 6, 1883.

HUNTINGTON, DAVID L., MAJOR AND SURGEON.—By direction of the President, will, until further orders, take charge of the office of the Surgeon-General of the Army, and perform the duties pertaining thereto. Paragraph 3, S. O. 234, A. G. O., October 11, 1883.

MEACHAM, FRANK, MAJOR AND SURGEON.—Assigned to duty at Fort Douglas, Utah. Paragraph 3, S. O. 109, Department of the Platte, October 6, 1883.

STERNBERG, GEORGE M., MAJOR AND SURGEON.—Granted leave of absence for one month, to date from October 6, 1883, with permission to go beyond the limits of the Department, and to apply for extension of one month. Paragraph 3, S. O. 134, Department of California, October 4, 1883.

TAYLOR, MORSE K., MAJOR AND SURGEON.—Assigned to duty at Fort Sill, I. T. Paragraph 4, S. O. 210, Department of the Missouri, October 13, 1883.

CRONKHITE, H. M., CAPTAIN AND ASSISTANT-SURGEON.—Assigned to duty at Fort D. A. Russell, Wyoming. Paragraph 3, S. O. 109, Department of the Platte, October 6, 1883.

HEIZMANN, CHARLES L., CAPTAIN AND ASSISTANT-SURGEON.—Granted leave of absence for six months, with permission to go beyond sea. Paragraph 3, S. O. 235, A. G. O., October 15, 1883.

WEISEL, DANIEL, CAPTAIN AND ASSISTANT-SURGEON.—Assigned to duty at Fort Fred Steele, Wyoming. Paragraph 3, S. O. 109, Department of the Platte, October 6, 1883.

ARTHUR, W. H., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Assigned to duty at Fort Douglas, Utah. Paragraph 3, S. O. 109, Department of the Platte, October 6, 1883.

STRONG, NORTON, FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Assigned to duty at Fort Washakie, Wyoming. Paragraph 3, S. O. 109, Department of the Platte, October 6, 1883.

MOORE, JOHN, LIEUTENANT-COLONEL AND ASSISTANT MEDICAL PURVEYOR.—To be relieved from duty as Medical Director, Headquarters Department of the Columbia, to proceed to San Francisco, California, and assume charge of the medical purveying depot in that city. Paragraph 10, S. O. 243, A. G. O., October 24, 1883.

HORTON, S. M., MAJOR AND SURGEON.—Leave of absence for one month, with permission to apply for an extension of three months. Paragraph 6, S. O. 216, Department of the Missouri, October 20, 1883.

WOLVERTON, WILLIAM D., MAJOR AND SURGEON.—Granted leave of absence for one month. Paragraph 6, S. O. 201, Department of the East, October 24, 1883.

BARNETT, RICHARDS, CAPTAIN AND ASSISTANT-SURGEON.—Assigned to duty at Columbus Barracks, Columbus, Ohio. Paragraph 1, S. O. 240, A. G. O., October 20, 1883.

MAUS, LOUIS M., CAPTAIN AND ASSISTANT-SURGEON.—Assigned to duty at Fort A. Lincoln, D. T. Paragraph 4, S. O. 180, Department of Dakota, October 15, 1883.

MERRILL, J. C., CAPTAIN AND ASSISTANT-SURGEON.—Granted leave of absence for one month. Paragraph 7, S. O. 201, Department of the East, October 24, 1883.

LIST OF CHANGES IN THE MEDICAL CORPS OF THE NAVY FROM OCTOBER 20 TO OCTOBER 27, 1883.

Medical Director W. T. HORD and Medical Inspector C. J. CLEBORNE ordered to the U.S. steam-ship "Hartford," at Panama, on duty connected with a court-martial.

Medical Inspector A. C. GORGAS detached from the Naval Hospital, Chelsea, Massachusetts, November 10, and ordered to the Naval Hospital, Mare Island, California.

Medical Director J. M. BROWNE ordered as member of the National Board of Health.

P. A. Surgeon A. C. HEFFINGER ordered to temporary duty at Navy-Yard, Portsmouth, New Hampshire.

P. A. Surgeon ROBERT WHITING granted leave of absence for three months.

The orders of Surgeon W. J. SIMON and P. A. Surgeon M. H. CRAWFORD in last week's report should read U.S. steam-ship "Shenandoah," instead of U.S. steam-ship "Trenton."

Surgeon W. K. VAN REYPEN detached from the Naval Hospital, New York, and ordered to the U.S. steam-ship "Powhatan."

Surgeon H. M. WELLS detached from the Naval Laboratory, New York, and ordered to the Naval Hospital, New York.

Medical Inspector A. C. GORGAS's orders modified so that he will be detached from the Naval Hospital, Chelsea, Massachusetts, on December 10, instead of November 10.